

# **LINKAGES PROGRAM**

## **MANUAL**

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## **SECTION 1. PURPOSE OF THE MANUAL**

The purpose of this manual is to provide current State guidelines, policies and procedures governing operation of the Linkages Program.

This manual is designed to provide information in a usable, accessible format to instruct and assist staff in carrying out Linkages Program operations at the provider level. Revisions will be sent to Area Agencies on Aging (AAA) whenever changes are required.

## **SECTION 2. OVERVIEW**

### **2. A. AUTHORIZATION FOR PROGRAM**

The Linkages Program was established on January 1, 1985, pursuant to Chapter 1637, Statutes of 1984 (commencing with Welfare and Institutions Code, Section 9390) as a three-year demonstration project. Chapter 16, Statutes of 1988 extended the original sunset date through December 1989. Chapter 1013, Statutes of 1989 removed the sunset date to give the Linkages Program permanent status.

The enabling legislation authorized the establishment of 10 local sites. A subsequent State General Fund appropriation for three additional sites was funded in Fiscal Year 1985-86 increasing the total number of sites to 13. Nine of these sites have been operational since November 1985, three since February 1986, and one since May 1986. These sites are currently located in urban, suburban, rural, north, south, and central coastal areas of the State.

AB 2800, Chapter 1097 of the Statutes of 1996 repealed the previous Linkages authorization and added a new authorization for the program in Section 9545, Chapter 7.5, Community-Based Services Programs; Welfare and Institutions Code.

### **2. B. LINKAGES ORGANIZATION**

The California Department of Aging (Department/CDA) receives State funds for the Linkages Program through the State General Fund. Linkages funds are administered at the local level by the Area Agency on Aging. The Linkages programs are either administered under subcontract with local private nonprofit and governmental entities or directly by the Area Agency on Aging.

### **2. C. PROGRAM DESCRIPTION**

The intent of the Linkages Program is to prevent premature or inappropriate institutionalization of frail, at risk elderly and functionally impaired adults, aged 18 and older, by providing case management as well as comprehensive information and assistance services. There are no income criteria for the program, although clients who can afford to pay are requested to contribute a share of cost for case management services and/or purchased services. However, no eligible individuals will be turned away solely because of inability or unwillingness to pay.

The Linkages Program is designed to be a "gap-filler" which assists individuals at risk of institutionalization who are not receiving other case management services including those provided through the Departments of Developmental Services,



Mental Health or Rehabilitation. Linkages case managers are expected to use the client's informal support system and existing community services to their fullest capacity in assisting their clients. If other resources are unavailable to pay for services, Linkages has a minimal amount of funds to pay for needed services. In addition to client services, the Linkages sites are responsible for participating in ongoing community development activities related to community-based long-term care...

### **SECTION 3. PROGRAM OPERATIONS**

#### **3. A. STAFFING**

The Linkages Program shall have adequate staffing as determined by the AAA/Department for the management/administration and program operation of the Linkages Program. The Linkages Program includes an Information and Assistance component and a Case Management component. Basic program responsibilities shall include fiscal and programmatic oversight; hiring, supervision, and training of staff; data collection management; public relations, and interagency and community coordination.

The contract agency shall designate a person to attend necessary Linkages meetings, provide information and reports to the AAA/Department, and sign and receive all general correspondence related to Linkages. This designated staff person shall be sufficiently knowledgeable about the administration and operation of the Program and vested with sufficient authority to speak on behalf of the contract agency and the Linkages provider regarding issues of importance that may be discussed in meetings with the AAA/Department. In addition, the designated staff person shall participate in the selection of Linkages staff, provide for adequate staff training, and ensure that clinical supervision and supervision of daily activities are carried out in conformance with Program mandates.

The following staffing patterns shall be met:

- 1) The Director shall oversee the Program administration. If the Director also has direct supervision of the client services functions, including supervision of the case management staff, then the Director must have at least a master's degree in a health or social services specialty and at least two years of previous related experience. If the Director does not directly supervise client services, then a bachelor's degree and two years of administrative experience in the health or social services fields is required.
- 2) A Clinical Supervisor, who supervises the client services functions, including supervision of the clinical staff, must have at least a master's degree in health or social services and at least two years of previous related experience. The Clinical Supervisor must be budgeted at least 20 per cent time of a full time equivalent position and must be available to case management staff on a daily basis.
- 3) Professional case managers must possess a bachelor's degree in social work or a related field or possess a Registered Nurse (R.N.) license and have a minimum of one year of experience in a health or social services specialty.

- 4) Bachelor's level and master's level Student Interns may be placed in Linkages sites. They may assist with the case management process. However, they must be closely supervised and their progress notes and other chart documents must be co-signed by the Case Managers, the Clinical Supervisor or the Director.
- 5) Support staff shall include clerical, fiscal, and data entry staff as necessary.

The Linkages Program shall ensure that case management staffing meets the minimum 50-to-1 client to case manager ratio. For a minimum caseload of 100 clients, two full-time equivalent (FTE) professionals must be on staff.

The professional case management staff shall be under the direct supervision of the Director or the Clinical Supervisor.

The Linkages Program has the discretion as to the supervision of the clerical, fiscal, and data entry staff; however, the Director shall ensure that the fiscal and client data, as reported, are accurate and are submitted by the report due dates.

If the site is contracted to the AAA it must comply with AAA and Departmental requirements. If the site is administered directly by the AAA it must comply with Departmental requirements.

Staff shared with other programs shall complete timesheets, indicating actual time spent on Linkages during the pay period.

Providers, especially those located in areas with high minority population(s), should recruit and hire bilingual Linkages staff, whenever possible.

Linkages Programs are expected to meet the stated staffing requirements. Program flexibility will only be considered if the program can demonstrate that the proposed flexibility meets the intent of the law and the Linkages Program Manual.

Sites may apply for program flexibility for current staff who do not meet the established educational and experience criteria. A resume of the staff person for whom the request is being made must accompany the Linkages Program Flexibility Request. The Department will give grandfathering of existing staff positive consideration, when specifically requested. However, when grandfathered staff vacate the position, the site is expected to fill the position with staff that meet the existing educational and experience criteria.

Any request for program flexibility in the staffing requirements must be submitted in writing and approved by the Department prior to any hiring action, or in the case of existing potential grandfathered staff, immediately. See Section 16 for more information on Program Flexibility.

### 3. B. SERVICES PROVIDED

The Linkages Program provides comprehensive case management.

“Case Management is commonly understood to be a system under which responsibility for locating, coordinating, and monitoring a group of services rests with a designated person or organization.” (Consolidated Omnibus Budget Reconciliation Act (COBRA) of 1985).

### 3. C. ELIGIBILITY FOR CASE MANAGEMENT

In order to obtain case management services, an individual must meet the following criteria:

- 1) be 18 years of age or older;
- 2) not currently receiving case management services from the Department of Developmental Disabilities; Department of Mental Health; Department of Rehabilitation; or Multipurpose Senior Services Program (MSSP);
- 3) be at risk of institutionalization;
- 4) be a resident of the geographic area of the provider as approved by the AAA/Department;
- 5) be able to be maintained in the community through the use of Linkages services;
- 6) have a need for case management and be willing to participate in the Program.

In order to be considered “at risk,” an individual must meet at least one of the following conditions:

- 1) impairment in one or more areas of Activities of Daily Living (ADL); or
- 2) two or more Instrumental Activities of Daily Living (IADL's); or
- 3) be unable to manage his/her own affairs due to emotional and/or cognitive impairment; or
- 4) be impaired by virtue of a significant event or circumstance that has occurred within the past 12 months.

Prospective clients shall be eligible based solely on the above eligibility criteria as determined through the screening and assessment process. (See Section 5 of this manual.)

Specific conditions or situations such as substance abuse or chronic mental illness shall not be a deterrent to Linkages services if the eligibility criteria can be met. Prospective clients must be given the opportunity to demonstrate their capability to use case management.

The applicant's income level shall not be a criterion for eligibility in the Linkages Program, and applicants shall not be subject to providing financial verification. ("Financial verification" is defined as a review of the applicant's financial records, requiring the applicant to produce checks or records of income/assets, contacting the applicant's income sources, or by any means beyond the applicant's statement.)

### 3. D. SERVING INDIVIDUALS IN FACILITY SETTINGS

Residents of residential care facilities may receive Linkages case management services. Individuals referred by nursing facilities may be screened and assessed for Linkages eligibility prior to their discharge from the facility. Linkages case managers should coordinate with the facility's discharge planner to determine the needs of the client upon return to the home setting.

If the client is scheduled to be discharged within 60 days from the date of the referral, the person may be enrolled as a Linkages client. This serves two purposes: 1) this will allow Linkages to arrange the necessary services prior to the day of discharge so that the services will be in place when the client returns home; and 2) it will make the transition easier for the client. Once the person is enrolled, purchase of service dollars may be expended to arrange these services.

After the client is situated in the home, a reassessment must be conducted in the home setting to determine any additional needs of the client. If services are continued beyond 60 days due to unusual circumstances, AAA/Department approval is required.

## **SECTION 4. DESCRIPTION OF CLIENT CASELOAD**

### **4. A. CLIENT CASELOAD**

#### **4. A.1. Client/Staff Ratio**

The active targeted monthly caseload is at least 100 clients per Linkages site. The client caseload ratio is 50 to 1 clients for each case manager full time equivalent position. For example, if the provider has a case management staff of one full-time position, and two half-time positions, the client caseload requirement would be 100 clients served. A caseload range of +/- 20 percent based on the 50 to 1 ratio is allowed. However, the active client caseload shall not fall below 80 percent minimum of clients set by the Department. This performance level is reflected in the Program Exhibit of the annual AAA contract. If the active monthly caseload falls below the 20 percent allowance for two consecutive months, the Site Director shall submit a written Corrective Action Plan to the AAA if the site is a contracted site and to the Department if the site is a direct AAA site. The Corrective Action Plan is subject to approval by the AAA/Department, which must include the method and timeline for increasing the caseload to the minimum standard. If the Director does not carry client cases, their positions would not be a factor in the 50 to 1 ratio.

#### **4. A.2. Active Client Caseload**

For reporting and administrative purposes, the Linkages providers' caseloads are counted as follows:

"Monthly active client count" represents the number of clients served during the month. This is defined as the number of clients enrolled on the first of the month, plus the number of new clients enrolled during the month.

The caseload, at any point in time, shall include a mixture of younger functionally impaired adults and frail elderly, and both Medi-Cal and non-Medi-Cal eligible clients.

The provider may serve a higher caseload than the contract requires if the following conditions are met:

- a. The provider can provide in-kind personnel and resources to serve additional clients while maintaining the 50 to 1 client/staff ratio;
- b. The provider can ensure that the quality of case management is maintained for all clients, regardless of the funding source.

#### 4. A.3. Length of Case Management Participation

There is no limitation on the length of time clients may remain in the program as long as the need for case management exists and the eligibility criteria continue to be met. Case management services are provided according to the individual needs of each client.

### **SECTION 5. CASE MANAGEMENT PROCESS**

NOTE: The sample forms referenced in this manual and incorporated into the appendices are not mandated forms/formats. They do contain essential information necessary to the Linkages Program. Providers may use the forms as they are or revise them as local needs require.

#### 5. A. INQUIRY/ENROLLMENT PROCESS

##### 5. A.1. Initial Phone Call

The case management process begins with an individual calling the Linkages provider to request services.

The Linkages Inquiry form (See Appendix 1), which is an optional form, may be used. If the Linkages Inquiry form is not used, the provider may use any other agency form, which documents inquiries. An example would be the agency centralized intake form.

##### 5. A.2. Intake/Screen

The Intake/Screening process completed by the case manager helps determine presumptive eligibility of the potential client and is used to collect client demographics, the referral source, and information on the client's physician and the emergency contact. (See Appendix 1 for the Intake/Screen.) On the basis of the Intake/Screen, the applicant may be determined to be eligible for enrollment in Case Management.

Screening is generally completed via a telephone interview with the potential client; however, a face-to-face visit may be necessary. The Director or Supervisor shall make the final determination regarding the need for an in-home screening visit.

Sometimes a potential client is determined to be ineligible after the Intake/Screen process is complete. That person must be referred to any other appropriate resources available in the community, which may be of help. These referrals and other information relevant to disposition, such as reason the individual was found ineligible, must be documented in writing and filed.

##### 5. A.3. Enrollment Process

Before the assessment interview begins, the Linkages case manager should clearly explain the range of case management services available to the client. It should be made clear to the potential client that in order to participate in the Program, he/she or a "responsible other" (as defined in 5.B.1.) must provide informed consent (see Linkages

Case Management Application and Informed Consent Form (Appendix 2). The client shall be informed that signing the application allows relevant personal information to be shared among Linkages staff and providers of services. Refusal to sign this form will serve as a refusal of case management services by the potential client. A copy of the signed form must be offered to the client.

If necessary, the case manager shall also inform the client that a signature is required on a form authorizing Linkages staff to release information from/to individuals or agencies relating to health, mental health, medical benefits, income assistance, social, or other services (see Authorization to Release Records, Appendix 2).

All pertinent data will be entered on the form at the time the client is asked to sign. Staff will not have clients sign blank forms with the intent of filling in necessary information on an “as needed” basis at a later date. More than one authorization may be obtained, but each must specifically state the agency or individual who is to provide or receive the information. The authorization may be used for a specific agency or individual or it may identify a function such as “Attending Physician” or “Hospital.” The expiration date on the authorization form shall not exceed two years from the date of the client’s signature.

Similarly, a request for information about a client coming from another individual or agency must be accompanied by a single release form from the requesting source. Memorandums of Understanding with other agencies do not replace these required forms.

In addition to the Application and Release Form, the non-Medi-Cal client should be informed that clients able to pay for case management services may be asked to make a contribution towards the costs of case management or purchased services.

Collection of client contributions is not mandatory, but rather based on voluntary participation. Under no circumstances shall a person be denied enrollment in the Linkages Program based on refusal to participate in the client contribution process.

## 5. B. ASSESSMENT

Once the client is enrolled, the Case Manager completes an Initial Assessment (see Appendix 3). The initial assessment must be conducted within two weeks following enrollment. The Assessment is the foundation of the case management process. The assessment utilizes a multidisciplinary approach, which addresses multiple client systems (e.g., psychosocial, health, formal, informal, etc.) based upon individual client needs. The Functional Assessment grid reflects the client’s level of function and substantiates physical impairment. The Folstein Mini-Mental Status Exam (optional) is used to collect information on the client’s mental functioning. (See Appendix 3 for Folstein Mini-Mental.) Additional outcomes of the assessment are a determination of:

- the client’s functional capacity to live independently;
- the system, if any, that supports independent functioning; and
- additional assistance needed to sustain as much independence as possible.



#### 5. B.1. Conducting the Assessment

The assessment must be conducted in a home visit with the client by Linkages case management social worker or health professional level staff. When appropriate, a “responsible other” and/or informal support may be in attendance. A “responsible other” for the purposes of the Linkages Program, is defined as “a person acting on behalf of a client.” If the potential client is in a nursing facility or an acute care hospital, a preliminary assessment may be conducted in the facility prior to the client’s discharge; however, this must be followed by another assessment conducted in the home.

#### 5. C. ASSESSMENT SUMMARY

Following the Initial Assessment, an Assessment Summary is completed. The Assessment Summary is a narrative statement which briefly outlines important facts and observations, covering such areas as Client Description, Health Status, Client Functioning, Cognitive/Psychosocial, Environmental Safety, Finances, Client/Family Concerns, etc.

#### 5. D. REASSESSMENT

A formal reassessment must be conducted at least annually.

The reassessment is a formalized method of documenting and analyzing changes during the period since the previous assessment and assuring that the client’s needs are being met. Changes since the last assessment as well as over a longer span of time is particularly relevant. A reassessment requires a home visit and interview with the client.

A reassessment may be conducted during the year at any time the client’s situation changes or a significant event occurs that warrants a reassessment.

The month of enrollment serves as the foundation of the schedule for all future reassessment. This becomes the anniversary month. The annual reassessment may be conducted one month on either side of the anniversary month. Conducting a reassessment during the month before or after the anniversary month does not change the anniversary month.

At the time of the initial care plan conference; it shall be the Director or Clinical Supervisor’s responsibility to determine if an annual reassessment is adequate for the client. If not, a reassessment date should be established. Administering interim reassessments does not change the anniversary month. Interim reassessments can be conducted whenever the Case Manager and/or Supervisor feel it is appropriate (e.g., following an acute medical episode).

Continuing eligibility must be reaffirmed using a specified intake/screen and assessment tool. All information obtained previously must be verified and/or revised.

The care plan must be modified, if indicated, to reflect the client’s current status. If changes are not indicated, the provider must develop a procedure to reflect that the plan has been reviewed and that the client agrees to the continuation of the plan.

A new Application and Informed Consent Form is not required. However, if providers need to obtain or release new client information, a new Authorization to Release Records form shall be completed and signed by the client following the policy given above in Section 5.A.3. If the date of the previous release(s) exceeds two years, a new form shall be completed.

#### 5. E. REASSESSMENT SUMMARY

A Reassessment Summary must be completed after each Reassessment. The narrative summary provides an update on significant changes in the client and his/her situation since the last assessment.

#### 5. F. SUMMARY OF INQUIRY/ENROLLMENT AND ASSESSMENT/ REASSESSMENT DOCUMENTATION

- Linkages Inquiry Form (optional (See 5.A.1. Paragraph 2))

The client Intake information required (Appendix 1 & 2) consists of:

- Intake/Screen
- Application and Consent Form
- Authorization to Release Records Form

The Initial Assessment information (Appendix 3) consists of:

- Linkages Assessment Package (Pages 1-7)
- Needs Assessment (ADL/IADL Functional Grid)
- Folstein Mini-Mental Status Questionnaire (optional: deferred with justification documented)
- Medication Sheet
- Client's Physicians and Other Health Professionals List
- Assessment Summary
- Care Plan (may be incorporated within the summary, the care plan, or as a separate document) (see samples)

The Reassessment information (Appendix 3) consists of:

- Linkages Reassessment Package (Pages 1-3)
  - Medication Sheet - updated
  - Client's Physicians and Other Health Professionals List– updated
- Reassessment Summary
- Care Plan (may be incorporated within the summary, the care plan, or as a separate document) (see samples)

Providers may use any interview guides or check lists that they choose to collect the information for the reassessment. Information collected in this manner is to be incorporated into the client case record on permanent case documents. Supplementary forms and informal notes need not be included in the client's file.

Case Managers are encouraged to use collateral sources of information as reference points for the reassessment. Examples of these sources include: the current medical record; pertinent hospital discharge summaries and physical examination reports; home health agency records; other specialty reports such as occupational and physical therapy, nutritional consultation, psychological evaluations, etc.

## **SECTION 6. CARE PLANNING**

Care planning is defined as the process of developing an agreement between the client and case manager regarding identified client problems, outcomes to be achieved, and services to be pursued in support of goal achievement. It provides a focus for the needs identified in the functional assessment; it organizes the delivery system to the client; and it helps to assure that the service being delivered is appropriate to the problem.

As a result of this process, a written care plan is developed and implemented. The care plan must be completed within two weeks after the date of the assessment. During the implementation phase, the case manager continually assesses and evaluates the necessity and appropriateness of the services. This process continues until the next formal reassessment takes place and the cycle renews itself.

The care plan format is provider specific but must clearly identify: 1) problem areas which illustrate the need for case management; 2) appropriate interventions/services to be arranged; and 3) desired outcomes. The format should allow for ongoing updating and indicate status of the problems.

The actual care plan must be developed in a care planning meeting with the Case Management Supervisor, case manager, and other professionals as needed.

The original and any revisions to the care plan must be approved by the client or the "responsible other". This approval may be by telephone and must be documented in the client's chart. The Director and/or the Case Management Supervisor must review and sign off on all care plans.

At reassessment or whenever a client's care plan is modified due to the client's changing needs, decisions as to the need for subsequent care planning conferences will be at the discretion of the Supervisor or the client's case manager.

The case manager shall assume responsibility for monitoring the client and the service delivery at the point of care plan development.

### **6. A. DATA COLLECTION REPORTING FORMS**

Referred and Purchased Services information from the care plan shall be entered on the Linkages Service Arrangement Report form (SAR) and the Linkages Purchase of Service Report (POS) (See Appendix 4).

Reporting of such services should be carried out in accordance with the Linkages Service Category Designations and Definitions (See Appendix 4).

## 6. B. SERVICE ARRANGEMENT

Often the client's capacity to remain in a home setting is based on having services, which meet the client's basic needs, in place. Linkages is a brokerage model case management program, which means that services are provided by referral to service agencies and other local resources at no cost to the Program. However, there are limited dollars in the Program that allow purchasing of services when all other avenues to secure services have been exhausted. However, none of these services can be directly provided by Linkages staff.

Services arranged by case managers must have been previously identified and approved in the care plan. (See Appendix 4 for Linkages Service Category Designations and Definitions.)

There are three basic types of services – informal support services; referred services; and purchased services. Services should be arranged giving priority to the above order.

## **SECTION 7. CATEGORIES OF SERVICE**

### 7. A. INFORMAL SUPPORT SERVICES NETWORK

An informal support refers to those family members, friends, church volunteers, etc. who assist the client without compensation. The informal support network is often the catalyst in the provision of services. The case manager should work closely with the client's informal support network in order to ensure that required services are in place and consistent with the care plan.

### 7. B. ARRANGED SERVICES

Arranged services are those services that are referred, at no cost to the Program. The case manager must coordinate services in the community for which the client is eligible – Medicare (Title XVIII); Medi-Cal (Title XIX); In-Home Supportive Services (IHSS) (Title XX); Older Americans Act (Title III); and other publicly funded services.

In addition to the publicly funded resources, the case manager should coordinate with other referral agencies to provide services.

### 7. C. PURCHASED SERVICES

The major intent of purchase of service (POS) is to meet clients' needs that cannot be met elsewhere, in accordance with the priority established in Section 6.B. In addition, services shall be limited to those services necessary to reduce the risk of institutionalization. Purchases are made for case management clients only. (See Appendix 4 for Linkages Service Category Designations and Definitions.)

Due to limited POS resources, case managers shall give priority to services that can stabilize a client, but are not ongoing. These may be one-time-only services or those required for a short period of time.

Purchases are to be made for a specific client after the need for the purchase has been identified in the care plan. While there is no specific dollar amount that requires the approval of the Supervisor, each provider must have a system in place to ensure that purchase of service dollars are expended appropriately and in the best interest of the clients.

Purchased services are not a criteria to maintain the client in the Linkages Program, nor should a client be retained in the Program if the client could be terminated except for the service in place. The AAA/Department may grant approval to allow a terminated client to retain equipment needed to maintain the client at home – i.e., emergency response system, portable ramp, etc. – until no longer needed, at which time it would be returned to the provider. If the client is maintained in the Program because of services in place, every effort should be made to arrange these services through referral sources.

### Types of Purchased Services

There are two types of purchases:

- 1) Client services – choreworker, transportation, meals, etc., and
- 2) Equipment – grab bars, emergency response systems, ramps, etc.

### Purchase of Service Funding

Funds for purchasing services shall be allocated in the annual provider budget in accordance with an amount prescribed by the AAA/Department.

Purchased services are those purchased with:

- 1) Linkages grant funds,
- 2) Respite services purchased with Respite Purchase of Service funds,
- 3) Other funds as shown in the budget and/or financial closeout, or
- 4) Partially paid by the client.

The client's share is considered a POS only when grant funds and/or other funds pay a portion and the client pays a portion. (If the client pays the full amount, it is considered a referred service.)

### General Purchasing Information

Purchased services do not require competitive bids; however, providers are encouraged to initiate vendor agreements for frequently used services. This will ensure consistent unit measurement, cost and description of services provided.

In sites with both Multipurpose Senior Services Program (MSSP) and Linkages, the vendor agreement may incorporate both Programs.

Client equipment cannot be purchased in advance and “stockpiled”. An audit finding of this nature will be subject to disallowance. If the Grantee has a unique situation, such as purchasing transportation vouchers, the Grantee may request consideration from the AAA/Department. The request, including specific details, shall be in writing to the AAA/Department.

Any payment for rent, house payment, home insurance, or any rental or utility deposit is authorized for a one-time-only purchase. If additional payments are required on behalf of the client, the provider shall secure pre-approval from the Director or Clinical Supervisor. The provider should have an understanding with the client when deposits are made for rent, utilities, etc., that any refunds to the client shall be paid as a reimbursement to Linkages.

Oral nutrition supplements (ONS) may be purchased for a period of three months. Any additional purchases require the client’s physician’s authorization. Nutritional supplements are to be used to supplement the client’s diet, not to entirely replace food. Purchases of this nature are subject to review during an assessment of the provider.

Food vouchers (gift certificates) purchased through grocery stores, discount food retailers, etc. are not allowed except in an emergency situation. The vouchers must be purchased for a specific client on a one-time-only basis.

#### Independent Providers

If services are provided through an independent provider, the client is the “employer”. The provider shall pay for the service as a reimbursement to the client. Family members on Medi-Cal who receive payment should be informed that their eligibility or share of cost could be affected. (See Section 50542, Title 22, Medical Assistance Program for additional information).

#### Purchases for Medi-Cal Clients

Purchased services are not considered income for purposes of Department of Social Services and Supplemental Security Income (SSI) (Aged, Blind, and Disabled) programs provided under Division 9 of the Welfare and Institutions Code (commencing with Section 10000), nor are they considered an alternative source of income pursuant to Section 12301. Therefore, services purchased for Linkages clients who are eligible for In Home Supportive Services and/or Medi-Cal benefits will not affect the clients’ eligibility or share of cost for these programs.

#### 7. D. DATA COLLECTION (See also 7.L.)

All arranged/referred services should be reported using the Linkages Service Arrangement Report (SAR). All purchased services should be reported using the Linkages Purchase of Service (POS) Form. Samples of these report forms are included in Appendix 4.

Services are reported as arranged if there is no cost to the Linkages contract or to other funding sources as shown in the budget and/or closeout. If the contract or other funds pay a portion of the service cost and the client pays a portion, this client share is reported as a purchased service.

## 7. E. MONITORING AND FOLLOW-UP

There must be, at a minimum, a quarterly face-to-face contact with each client. Phone calls to the client will be made during the months that no face-to-face contact occurs. Many clients will require and receive more frequent face-to-face contact. The purpose of these contacts is two-fold:

- A) To monitor and assess the efficacy of the services arranged, and;
- B) To assess the need for additional services or referrals.

Each contact date must be recorded in the Progress Note section of the client's case file (See Section 7.F.). It is the responsibility of the Director or supervising case manager to ensure that contacts are made more frequently than quarterly to a client whose condition requires closer supervision. This determination may be made during the care planning session and the case manager shall present a monitoring schedule that is approved by the Director or Supervisor.

The case manager shall verify the cost of all Linkages purchased services authorized under the client's care plan before the payment is made to the provider.

## 7. F. PROGRESS NOTES

Progress notes are the ongoing chronology of the client's record. They should address the provision of services as planned; whether services continue to be necessary and appropriate and are being delivered as anticipated. Notes shall include the following, as appropriate:

- the type and frequency of Linkages staff contact with the client (whether the contact was a home visit or telephone call will be specified);
- a record of all events which affect the client (e.g., hospitalization, collateral contacts with other agencies, etc.);
- evaluative comments on services delivered; and
- a reflection of the relationship between identified problems and services delivered or not delivered.

Progress notes should also include any significant information regarding the client's relationship with family, community, or any other information which would impact on the established goals for the client's independent living. All entries must be dated and signed with professional initials (see Section 9).

## 7. G. RESPITE PURCHASE OF SERVICES (RPOS)

The Linkages Program has the administrative responsibility for the Respite Purchase of Service (RPOS) funding. A separate Program Exhibit from the Linkages Program

Exhibit is issued which includes funding for RPOS. RPOS funds are available only to purchase respite services for caregivers who have the responsibility for the primary care of a frail elderly or functionally impaired adult. "Caregiver" means a spouse, relative, or friend who has primary responsibility for care of a frail elderly person or functionally impaired adult, and who provides care on a substantially continuous basis. Respite Purchase of Service purchases shall not exceed \$450 per fiscal year, per client.

RPOS may be provided to caregivers of both Linkages clients and non-Linkages clients. If a unique situation arises, contact your AAA/Department analyst to determine if the caregiver is eligible for RPOS services.

The Linkages annual budget and the CBSP Financial Closeout report have a separate line item under "Purchase of Service for Respite POS funds." The Respite POS funding does not allow for an advance. Reimbursement for expenditures is requested on the CBSP Monthly Report of Expenditures and Request for Funds (CDA 245) form.

#### 7. H. MAXIMUM AWARDS FOR RPOS

Each participating Linkages Program is authorized to spend a maximum of \$450 per family receiving Respite Purchase of Service. The \$450 maximum has been set due to the limited amount of funding available for the RPOS. Amounts in excess of the \$450 limit may be spent with the written approval of the Supervisor.

#### 7. I. RESPITE CLIENT ELIGIBILITY CRITERIA

Services may be provided to persons responsible for the primary care of an adult who:

1. is a functionally impaired adult and is at risk of institutional placement;
2. is a resident, or whose family or caregiver is a resident, of the geographic area designated in the RPOS contract with the AAA/Department;
3. is not eligible for the assistance and/or services of the Regional Centers serving developmentally disabled persons; and
4. is not receiving respite services from other resources.

#### 7. J. ALLOWABLE RESPITE PURCHASE OF SERVICES

In-Home Care – In-home respite care can be provided by home health aides or trained attendants. The in-home respite worker is primarily there to provide companionship and supervision to the patient and to provide direct assistance including personal care such as bathing, dressing, and feeding. The attendant may also do some light home maintenance tasks which pertain directly to the care of the patient, such as meal preparation and keeping the patient's room clean.

In cases where the caregiver is interested in hiring a private attendant, Respite POS funds can be used to reimburse the caregiver for a portion or all of the attendant's wages, by following these established procedures:



1. The caregiver is willing to sign an agreement with the Linkages Program stating that he/she will be responsible for hiring and supervising the home care attendant.
2. The caregiver and attendant are willing to sign an agreement specifying hours and rate of pay and noting that the attendant is an independent contractor responsible for paying his/her own Social Security, income taxes, etc.

Day Care – Respite care may be provided in a protective group setting for the patient outside of the home, such as Alzheimer's Day Care Resource Centers (ADCRC's), Adult Social Day Care Centers (ASDC's), or Adult Day Health Centers (ADHC's). These centers may provide a range of services, from non-medical supervision and assistance in a social setting, to therapeutic, health, and social services with medical personnel available. There are some programs which are designed especially for persons with dementia (ADCRC's), others for stroke patients, as well as general programs for the disabled and frail elderly. Transportation costs to and from the day program may also be reimbursed from grant funds.

24-Hour Care – Overnight respite may be provided by a skilled or intermediate care facility or a residential care facility.-

#### 7. K. CAREGIVER RESPONSIBILITIES

The caregiver is responsible for selecting and supervising the in-home attendant and/or visiting the out-of-home respite program to ensure that satisfactory care is being provided. The caregiver is also responsible for monitoring the home care attendant's hours. If there is any dissatisfaction with the services provided, the caregiver is responsible for notifying the respite provider and the Linkages case manager. The caregiver submits a completed and signed time sheet to the Linkages Program at the end of each month.

#### 7. L. RESPITE DATA COLLECTION

The sample Respite Intake/Screen and the sample Purchase of Service RPOS report are to be completed for each client and maintained at the Linkages site. The report shall be made available to the AAA/Department upon request. (Samples of the report are included in Appendix 5). The RPOS report must include the type of respite service provided; the total hours of service provided; the hourly rate of the service; and the total cost showing the share paid by the caregiver and the share paid by RPOS.

### **SECTION 8. CLIENT TERMINATION**

A client termination may be either voluntary or involuntary. A client has the right to leave the Program at any time. If a client's termination is involuntary, the client has the right to grieve – either through a formal grievance process or informally, depending on the circumstances of the termination.

#### 8. A. CAUSE FOR TERMINATION

Caseload turnover is an integral component of case management. If a client is maintained because services are required, but his/her condition is stabilized enough to

function without case management, every effort must be made to secure the services outside of Linkages and to terminate the client.

Clients are subject to termination under the following circumstances:

- 1) Case management services completed, case closed.
- 2) (This number is not assigned)
- 3) Client's condition improved or stabilized and no longer requires or is eligible for case management services.
- 4) Client requires higher level of service – transitioned to MSSP.
- 5) Client requires long-term institutionalization.
- 6) Client's needs exceed Linkages capacity.
- 7) Client no longer desires services.
- 8) Client moved out of area.
- 9) Client died.
- 10) Other reasons
- 11) Client became unwilling or unable to follow care plan. If the client initially agrees to the care plan, but subsequently becomes unwilling or unable to follow the care plan, the case may be closed under certain circumstances. Termination for this cause can take place only if:
  - A modified care plan has been offered and discussed with the client;
  - Supportive counseling has been provided to assist the client and/or informal support to accept needed services;
  - Client can no longer benefit from case management as demonstrated by his unwillingness or inability to follow the care plan; and,
  - Referral to other appropriate agencies has been initiated.

Only the above reasons are acceptable for termination of a client from the Program. Under no circumstances should a client be terminated due solely to a specific condition such as substance abuse or chronic mental illness.

#### 8. B. FORMAL NOTIFICATION TO CLIENT

The decision to terminate a client for cause under the above termination criteria should be discussed with the client and/or responsible party. The discussion shall include:

- 1) The basis for termination.
- 2) Information on agencies that could provide alternate services.
- 3) The process for reentry into the Linkages Program.

#### 8. C. WRITTEN NOTICE OF ACTION

A written Notice of Action generated by the provider shall be provided to all terminated clients (those terminated for cause and those that self-terminate) and/or responsible party. The only exception is upon client death. This notice shall include:

- 1) The basis for termination.
- 2) The provider's name, address, and telephone number.
- 3) Information on readmission to the Program if the terminated client's condition or circumstances change, which would require a reevaluation.
- 4) Information on how to file a complaint/grievance against the provider if the terminated client disagrees with the Linkages decision, including the name, address and telephone number of a contact at the agency. The provider's grievance procedure does not need to be provided unless the client files a formal complaint/grievance.

This written notice shall also be provided to the client's informal support, conservator, etc., as appropriate. Service providers who are providing services paid by Linkages shall also be notified.

#### 8. D. DIRECT SERVICE PROVIDERS GRIEVANCE PROCEDURES

Each contractor shall establish procedures for the resolution of complaints from participants or the participant's authorized representative. The complaint resolution procedures shall be consistent with the procedures required of the AAA in the Department's regulations, Section 7400 of the California Code of Regulations. The procedures shall be posted in a conspicuous location for review and the contractor shall ensure that the participant or the participant's authorized representative is aware of the procedures.

#### 8. E. RE-ENROLLMENT IN PROGRAM

A client may be re-enrolled in the Program if changes indicate re-enrollment is warranted. The same eligibility requirements must be met. If the client is re-enrolled within one year of the last assessment date and there has been no significant change in the client's medical, functional, or psychosocial condition, the client may be re-enrolled based on the prior assessment. However, a new Application and Informed Consent Form must be signed and the care plan must be updated to include the client's current needs. The prior assessment date would determine the need for a reassessment. All policy set forth in Section 5.B. Reassessment, applies to a re-enrolled client.

Preference in re-enrolling a client may be given, depending on the circumstances and the level of need. The original client number shall be used for a re-enrolled client.

#### 8. F. CLIENTS OUTSIDE OF CATCHMENT AREA

The following policy applies to clients living outside of the catchment area:

A client who moves outside of the catchment area on a permanent basis may remain a Linkages client for a period not to exceed two (2) months. During this period, arrangements shall be made to transfer the client to another case management program, or to arrange services with new service providers so that the transition to the new location will be smooth.

A client who is living outside of the catchment area on a temporary stay in an acute care hospital or nursing home, or is staying with relatives or friends may remain in the Program for a period not to exceed two (2) months.

Any purchases made for a client living out of the catchment area require prior AAA/Department approval.

#### 8. G. REPORTING CLOSED CLIENTS IN THE MANAGEMENT INFORMATION SYSTEM (MIS)

When reporting terminated clients, use the discontinuance codes on the Linkages Client Change form to report the reason for termination. These are found in Section 8.A. of this manual.

### **SECTION 9. CLIENT CASE RECORDS**

The client case record consists of essential documents that must be utilized by all Linkages case management staff. The case records and its contents constitute a formal legal document. The documentation in the case record verifies the following: applicant's choice to participate in Linkages, the clients' appropriateness of Linkages services including the need for case management, the care plan, monitoring and follow up of services, services delivered, and their effectiveness. The records must detail all Linkages interventions from the point of intake to termination.

The client record is required to be complete, timely, accurate, and legible. In order to avoid legal problems, use the following methods for changing information in a client's record:

1. Draw one line through any incorrect information, without obscuring it. Write the date and initial.
2. If you have used the wrong record, draw a line through the entry and write "wrong record" and initial.
3. If you have written the wrong information, add the correct information. If all your comments are legible, you do not have to write the reason for your change.

4. If you have misspelled a word, spell it correctly. You do not need to add the date, time, and your name if you discover the misspelling right away.
5. If you omitted information, record it when you remember it. Mark the addition “late entry.” Never try to squeeze additional information into the original entry.

If a client has filed a fair hearing appeal or an appeal is pending, do not make a correction in the client’s record. You may, however, make your own record of what the correct changes should be in the event that you are questioned about the error. Do not be pressured into changing the error.

- Do not change another person’s error.
- Do not compound your error by correcting an error improperly. When you correct it, make sure that both the incorrect and correct information is readable and that the reason for the change is obvious.

Clean corrections keep the client’s record accurate and keep staff legally protected. Do not use white out or correction tape in the charts. The client case record shall include, (but not be limited to), the following listed in the order of completion:

- Inquiry Form
- Intake/Screen Form
- Case Management Application and Informed Consent Form
- Authorization to Release Records
- Initial Assessment
- Needs Assessment (ADL/IADL Functional Grid)
- Assessment Summary
- Reassessment
- Folstein Mini-Mental Status Questionnaire
- Reassessment Summary
- Care Plans
- Client Progress Notes and other client-related information (e.g., correspondence, medical/psychological/social records)
- Termination Notice

All documents contained in the case record required by either the provider or AAA/Department must be complete, including name (signature) of the person responsible for the completed form. Whenever there is a signature required in the case record, it must be written (not printed) in ink and include the following:

- The individual’s full name or first initial and full last name.
- The person’s professional initials (PHN, RN [Registered Nurse], MSW [Master of Social Work]). If there is no professional title (case manager without advanced academic degree(s) but with qualifying experience) the staff person may use the job classification title, Case Manager. Agency staff may also use the appropriate agency job title initials.

## **SECTION 10. CONFIDENTIALITY**

### **10. A. CLIENT RECORDS**

Each Linkages provider is responsible for the maintenance, storage, security, and confidentiality of all information collected on each of its clients. This information includes “hard copy” (paper) and “electronic” data (client information which is recorded in the provider’s computerized Management Information System [MIS]). These records are to be maintained for the current fiscal year and for the three prior fiscal years. All client records are to be maintained in locked files.

All information, records, data elements, and print-outs collected and maintained for the operation of Linkages and pertaining to clients must be protected from unauthorized disclosure in accordance with the contract and Title 45, Code of Federal Regulations, Section 205.50, and Section 10850 of the California Welfare and Institutions Code, and the California Information Practices Act of 1977.

While Linkages staff and agency(s) directly serving clients must have access to information which will enable them to effectively deliver services, staff must assure that only information needed by the provider is shared and that unrelated oral or written information remains confidential. Individuals and agencies most likely to need information about clients include service providers, informal support persons, physicians, and consultants working with Linkages case management staff.

In addition to individuals directly involved in client care, certain other staff will need access to case management information for program development, monitoring and auditing purposes. This will include the AAA/Department, and Linkages program staff.

Clients also have access to their own case records. While staff is not obligated to provide free copies of any and all information about clients, it is suggested that information be provided to the maximum extent possible. Exceptions include information received from third party sources (psychological reports, physical examination reports, etc.) which should not be released without the knowledge of the originating source.

In practice, the Linkages staff:

- will not use any identifiable information concerning a client for any purpose other than carrying out case management responsibilities or statutory obligations; will not disclose any information to any party other than AAA/CDA, without prior written authorization from the AAA/Department, specifying that the information is releasable under Title 45, Code of Federal Regulations, Section 205.50; and
- will, at the expiration or termination of the program contract with AAA/Department, return all such information to AAA/Department, or maintain or destroy such information according to written procedures established by the Department.

The Director must approve all requests for release of client information coming from outside agencies or individuals not directly involved in serving the clients to ensure that the requested data are adequately defined and that the intended use appears appropriate. The client's name and other identifying information must be deleted from documents made available to the public. The only exception to releasing information is when the court subpoenas the documents.

## 10. B. RELEASE OF CLIENT INFORMATION

The Client Consent Form informs the client that relevant personal information will be shared among Linkages staff, consultants and providers of service. Beyond those parameters, sharing and obtaining information requires the specific consent of the client. In all cases the client must sign a written consent to obtain or release such information (Authorization to Release Records form, Appendix 2).

### **SECTION 11. COMPREHENSIVE AND TIMELY INFORMATION/ SHORT-TERM SPECIALIZED ASSISTANCE**

Also included in the definition of Case Management activities are:

- 1) Comprehensive and timely information, when necessary, to individuals and their families about the availability of community resources, and to assist functionally impaired adults and the frail elderly to maintain the maximum independence permitted by their functional ability;
- 2) Short-term specialized assistance, including timely one-time-only assistance in securing community resources, counseling, and the arrangement of an action plan when there is a temporary threat to the ability of the frail elderly person or functionally impaired adult to remain in the most independent living arrangement possible.

For these case management activities it is necessary to complete the Inquiry/Intake Screen or comparable form which tracks contacts and referrals (see Section 5, page 9). For short term specialized assistance, progress notes will be used to document case management activity. The Linkages Inquiry/Intake Screen and Progress Notes for each client will be maintained as a separate client record. Assignment of a client number and completion of a formal application and enrollment process are not required unless case management involvement becomes ongoing. (See 5.A.3. Enrollment Process, for description of how to enroll a client for long-term case management.)

### **SECTION 12. TRAINING**

## 12. A. SERVICE PROVIDER TRAINING

Staff training is an integral part of the Linkages Program. Linkages staff should be encouraged to pursue training that is relative to the various aspects of case management. The host agency should provide training for Linkages staff in-house as necessary and approve staff participation at training seminars, etc., within the financial constraints of the Program.

## 12. B. AREA AGENCY ON AGING/DEPARTMENT TRAINING

Periodically the AAA/Department will schedule training sessions for provider staff. Generally, the training will be specific, i.e., Fiscal, etc., and, therefore, will be mandatory for appropriate staff.

When needed, the AAA/Department will provide training/technical assistance to individual providers. This technical assistance may be provided via the telephone; however, if the situation necessitates a visit, the Linkages Program should justify the need.

The Linkages Program shall ensure that staff attends mandatory training and meetings as established by the AAA/Department.

## **SECTION 13. PROVIDER FACILITY**

### 13. A. FACILITY MAINTENANCE

The building and surrounding areas shall be maintained in a manner consistent with applicable local, state, and federal occupational safety and sanitation regulations. The premises shall be free of any accumulation of garbage, rubbish, stagnant water, or filthy or offensive matter of any kind to ensure that the premises are maintained in a clean and wholesome condition.

### 13. B. STAFF AVAILABILITY

The host agency shall ensure that provider staff shall be available to clients, referral sources, and other individuals or agencies on a five day a week basis. Personal telephone contact shall be available during business hours. The AAA/Department requires each provider to have a telephone answering machine or voice mail in place during off-business hours.

### 13. C. ACCESSIBILITY

The physical provider location shall be accessible to the public. The host agency shall comply with The Americans with Disabilities Act of 1990.

## **SECTION 14. MANAGEMENT INFORMATION SYSTEM (MIS)**

Effective July 1, 1999, the AAAs will report data to the Department per a schedule, which meets the requirements, set forth by the Department.

### 14. A. SAMPLE DATA COLLECTION FORMS

NOTE: The sample forms referenced in this manual and incorporated into the appendices are not mandated forms/formats. These sample forms contain essential information necessary to the Linkages Program. Providers may use the forms as they are or revise them as local needs require. However, data required by the Department must be traceable through the system, meet standards for audit, and use State specified



definitions. In addition to this Manual, the AAA can provide assistance on these specifications.

The data collection system consists of a sample forms package (See Appendices 1-4) that includes the following:

- 1) Intake/Screen  
The Intake/Screen form is used to collect client demographics, the referral source, and information on the client's physician and the emergency contact.
- 2) Linkages Initial Assessment  
The assessment is used to collect general data on the case management clients, as well as to provide information on dates of assessment, enrollments, and terminations.
- 3) Needs Assessment Form (ADL/IADL Functional Grid)  
This form is used to collect the physical and psychological functioning information on the clients.
- 4) Service Arrangement Report (SAR)  
This form is used to report those services that are referred if there is no cost to the Linkages Program (See Appendix 4 for Linkages Service Category Designations and Definitions).
- 5) Linkages Purchase of Service Report (POS)  
This form is used to report the cost of purchased service. The projected services are not reported to the AAA/Department, only the actual services received and the cost as verified by an invoice from the vendor. The form is used to report the cost of the purchase by the funding source – grant funds, other funds, and client (See Appendix 4 for Linkages Service Category Designations and Definitions).

Note: The client's share is reported only if the program pays a portion of the purchase, either with grant funds or other funds. If the client pays the total for the purchase, it is considered a referred service and is reported on the Linkages SAR.

The following applies to the various date fields:

Initial Intake/Screen Date remains unchanged\* throughout the duration of the client's participation in Linkages.

Client Number remains unchanged even if the client is re-enrolled.

Assessment Date changes at the first reassessment and again at subsequent reassessment.

Enrollment Date remains unchanged\* through the duration of the client's participation in Linkages.

Care Plan Date changes with each reassessment.

Closed Date is the date the case is closed.

- \* The Intake/Screen and the Enrollment date would change if the client was terminated from the program and later re-enrolled.

#### 14. B. CONTRACTOR'S RESPONSIBILITY

The Provider shall be responsible to:

- 1) Provide office space with security and climate control for on-site computer hardware.
- 2) Develop criteria and maintain standards for quality control of the collection and reporting of data.
- 3) Ensure that data entry shall be accomplished by a program designated by the AAA and consistent with the Department's requirements.
- 4) Ensure that the Linkages staff collects client data using the Linkages specific data layouts as provided by the Department.
- 5) Ensure that client data collected on hard copy is accurate before data is entered.
- 6) Ensure that data entry staff is trained and knowledgeable to enter client data accurately and completely.
- 7) Accommodate the Department regarding changes in the data and any associated procedures layouts.

#### 14. C. RETENTION OF DATA

Data shall be retained at the site for a period encompassing the current fiscal year and the three prior fiscal years.

Data must be disposed of in a manner that ensures confidentiality. If data is on a disk, reformatting the disks is an appropriate method of disposition.

### **SECTION 15. FISCAL MANAGEMENT**

#### 15. A. LINKAGES FUNDING

The Linkages Program grant is funded by State General Fund monies and is subject to the Budget Act passage each year. The fiscal year General Fund monies for Linkages local assistance will be allocated equally to each provider, except when a specific amount has been established for a provider through the legislative process.

No local match is required; however, service providers are encouraged to:

- 1) provide in-kind support, if needed;
- 2) pursue the collection of clients' fees; and

- 3) secure program income to augment the grant funds of the Program.

A minimum dollar amount of \$7500 is to be allocated to the Purchase of Service category. Contract funds as well as other cash funding available to the Program, such as, program income, donations, client fees, fund raising, etc. may meet the requirement.

Program income is revenue generated by an AAA or service provider from contract supported activities. Purchase of Services should be the first priority. Program income may be used to meet the Department's minimum requirement for Purchase of Service in the contract. (For clarification, refer to the California Department of Aging, Program Memo 99-02(P), dated February 2, 1999.)

Program income must be reported under the same terms and conditions as the program funds with which it is associated.

#### 15. A.1.Client Contributions

Each provider is required to develop a method to enable clients and/or others to contribute to the cost of case management, and/or purchase of services. No client can be denied service based on inability or unwillingness to contribute.

Any contributions received by Linkages shall not reduce the contract amount, but shall be used for enhancement of the Linkages Program.

Contributions collected are considered Linkages funds. However, accountability of the collected contributions must be separate from grant funds. The Contractor may retain client fees on hand at the end of each fiscal year. However, if either party terminates the contract agreement, all client fees on hand must be used to offset the expenditures, thus reducing the contract expenditure amount.

#### 15. B. BUDGET

All service providers shall annually complete a budget for all planned expenditures for the Linkages Program.

##### 15. B.1.Budget Summary (For use by AAA's providing Direct Services)

All AAA's with State-funded Linkages Programs are required to complete a "Budget Summary". The Budget Summary is provided for in the Community Based Services Program (CBSP) Contract.

The Budget Summary consists of the following 5 pages:

- Page 1. Budget Summary  
Community Based Services Programs
- Page 2. AAA Administrative Budget Narrative
- Page 3. Direct Services Budget Narrative
- Page 4. Contracted Service Schedule
- Page 5. Performance Estimates

The Budget Summary shall be submitted to the Department annually for review and approval.

California Department of Aging  
1300 National Drive, Suite 200  
Sacramento, CA 95834

Attention: Your AAA-Based Team

#### 15. B.2. Program Budget Summary (For use by programs contracting with the AAAs)

All service providers that contract with an AAA to provide a Linkages Program are annually required to submit a budget according to procedures established by the Area Agency.

#### 15. C. BUDGET REVISIONS

All revisions to the "Budget Summary" shall be submitted to the Department. Revisions must be in accordance with the process and procedures established by the Department.

All budget revisions shall be submitted to the AAA/Department for review and approval, and be in accordance with the process and procedures established by the AAA.

The process and procedures for the "Budget Summary" for budget revisions will be issued in a future Program Manual revision.

#### 15. D. YEAR-END FINANCIAL CLOSE-OUT REPORTS

At the end of each Fiscal Year, the Department shall transmit to each AAA instructions for the CBSP Year-End Financial Close-out Report. (The Linkages Programs shall complete and submit this Close-out Report to the AAA, if applicable.) Each AAA will submit a report to the Department.

## 15. E. AUDITS

See Article 14 of the Contracts Terms and Conditions

### **SECTION 16. PROGRAM FLEXIBILITY**

A Linkages site may apply for program flexibility in a rare situation when it is not able to meet the program specifications as set forth in the manual. Although program flexibility may be granted, the site must continue to explore all options for meeting the requirements. Each request for program flexibility will be considered on an individual basis. Approvals are case and individual specific and cannot be transferred. The only categories eligible for program flexibility are Section 3.A. Staffing, Section 4.A.1 Client/Staff Ratio, and Section 7.E. Monitoring and Follow-up. The applicant Linkages site must submit the request for flexibility on the Linkages Program Flexibility Request form (see Appendix 7) to the Area Agency on Aging for review, unless the site is a direct AAA site. If the Linkages site is a direct AAA site then the request for flexibility is submitted directly to the Department. If the site is a contracted site, the request also may be simultaneously sent to the Department. The Area Agency staff shall make a recommendation on the request to the Department within 15 days of receipt of the request. The Department will then make the final decision on whether the program flexibility is granted. To the extent that workload and complexity of the issue allows, the Department will respond to a request for program flexibility within 15 days of the receipt of the recommendation from the Area Agency. The applicant site must have the program flexibility approved in writing before implementing the alternative being proposed.

The duration of the approved program flexibility will depend on the request. For example, if a site proposes to fill a position with a person who does not meet the stated manual qualifications, a resume of that person must accompany the request. Approval for an exception in staffing will only be given for a specific person and may also be given for a limited duration. Approval may be revoked if the exception results in the site not meeting the established program standards. The review process will take into consideration: 1) whether the proposed alternative is consistent with the legislative, contractual, and program manual intent, 2) environment of the site (e.g., rural area, community and agency support).

## **APPENDIX 1**

- Linkages Inquiry
- Linkages Intake/Screen

## LINKAGES INQUIRY

CLIENT NAME: Last	First	MI
ADDRESS: Street	City	State Zip Tel. No. ( )

### INQUIRY AREAS:

ADHC <input type="checkbox"/> 1	IND. LIVING CNTR <input type="checkbox"/> 15	RESIDENTIAL CARE <input type="checkbox"/> 29
ALZHEIMER'S & REL <input type="checkbox"/> 2	INSURANCE <input type="checkbox"/> 16	RESPITE <input type="checkbox"/> 30
ASSISTIVE DEVICES <input type="checkbox"/> 3	LEGAL <input type="checkbox"/> 17	SAFETY DEVICES <input type="checkbox"/> 31
ATTENDANT <input type="checkbox"/> 4	LINKAGES <input type="checkbox"/> 18	NURSING FACILITY <input type="checkbox"/> 32
CASE MANAGEMENT <input type="checkbox"/> 5	LTC OMBUDSMAN <input type="checkbox"/> 19	ADULT DAY CARE <input type="checkbox"/> 33
CONSERVATOR/GUARD <input type="checkbox"/> 6	MEALS: CONGREG. <input type="checkbox"/> 20	THERAPIES (PT, OT) <input type="checkbox"/> 34
CONSUMER <input type="checkbox"/> 7	MEALS: HOME DEL. <input type="checkbox"/> 21	TRANSPORTATION <input type="checkbox"/> 35
COUNSELING <input type="checkbox"/> 8	MEDI-CAL <input type="checkbox"/> 22	OTHER <input type="checkbox"/> 36
ESCORT <input type="checkbox"/> 9	MEDICARE <input type="checkbox"/> 23	VETERANS <input type="checkbox"/> 37
HEALTH CARE <input type="checkbox"/> 10	MEDICATIONS <input type="checkbox"/> 24	ADVOCACY <input type="checkbox"/> 38
HOME HEALTH <input type="checkbox"/> 11	MONEY MGMT <input type="checkbox"/> 25	ED/RECREATION <input type="checkbox"/> 39
HOSPICE <input type="checkbox"/> 12	MSSP <input type="checkbox"/> 26	EMPLOYMENT <input type="checkbox"/> 40
HOUSING <input type="checkbox"/> 13	PHYSICIANS <input type="checkbox"/> 27	VOLUNTEER OPP'Y <input type="checkbox"/> 41
IN HOME/IHSS <input type="checkbox"/> 14	PROTECTIVE SVCS. <input type="checkbox"/> 28	SSI/SSP <input type="checkbox"/> 42
		CONGREGATE HOUSING <input type="checkbox"/> 43

60+ ☐ DISPOSITION ☐ REFERRAL SOURCE CODE ☐

1 = YES      1 = No further action required      ☐ ☐ ☐ ☐ ☐  
 2 = NO      2 = Refer to Case Management Screen  
 3 = Other \_\_\_\_\_

REFERRAL SOURCE: Name: \_\_\_\_\_ Type: \_\_\_\_\_

MAILING ADDRESS: Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Tel. No.: ( ) \_\_\_\_\_

### FOLLOW-UP RESULTS

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DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

## LINKAGES INTAKE/SCREEN

<b>DATE</b>	<b>TIME:</b>	<b>a.m.</b>	<b>p.m.</b>	<b>MODE</b>	<b>Drop In</b>	<b>Telephone</b>	<b>CLIENT NO.</b>	<b>RESPONSE</b>	<b>Normal</b>		
APPLICANT NAME:	Last			First		MI		SYSTEM NO.			
PRESENT ADDRESS: Street City State Zip Telephone No.											
( )											
MAILING ADDRESS:											
AGE		SEX		MARITAL STATUS			RACE/ORIGIN				
		M F		1Mr 2Wd 3Sp 4Sg 5Dv			1 2 3 * 4 5 6 W B A/PI AI/AN Oth Hisp				
TRANSLATION LANGUAGE		LIVES ALONE		FUNC IMP		RESIDENCE 1Hse 2Apt					
		Y N		Y N		3MH 4Htl 5B&R 6RCF 7NF 8Oth 9Hmls			1 2 3 Rent Own Other		
SOCIAL SECURITY NO.				MEDICARE/RRB NO.			HEALTH INSURANCE NAME AND NO.				
MEDI-CAL		MEDI-CAL BIC NO.					VETERAN (VA Claim) No.				
Y N							Y N				
SSP		LOW INCOME									
Y N		Y N									
REGULAR PHYSICIAN:		Name			Address			Telephone No.			
( )											
EMERGENCY CONTACT:		Name			Relationship		Address		Telephone No.		
( )											
REFERRAL SOURCE:		Type			Name			Relationship			
Address:		Street			City		State		ZIP Telephone No.		
( )											
*PRESENTING PROBLEM/SERVICES REQUESTED/COMMENTS/ FOLLOWUP						DATE OF SERVICE		T-III PROG NO.		UNIT NO.	
*See Completion Instructions											
COMPLETED BY: Program/Name								Telephone No.			
Staff Code No.		Date and Signature (if applicable)						( )			



## **APPENDIX 2**

- Case Management Application and Informed Consent
- Authorization to Release Records

## LINKAGES

### CASE MANAGEMENT APPLICATION AND INFORMED CONSENT

Site: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
Telephone No.: \_\_\_\_\_

Medi-Cal No.: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

I HEREBY APPLY TO PARTICIPATE IN THE LINKAGES CASE MANAGEMENT PROGRAM,  
SUBJECT TO DETERMINATION OF ELIGIBILITY.

I UNDERSTAND THAT LINKAGES CASE MANAGEMENT WILL CONSIST OF:

- An assessment of my health and social needs. The purpose of the assessment will be to determine if I am eligible to participate in the program and to provide the Linkages Service Coordinator with enough information about my needs to develop a plan of services to help me remain in the community; and,
- An action plan, developed by Linkages with my approval, which addresses health and social services needs to help me remain in the community; and,
- A Service Coordinator who will be assigned to me to be my ongoing contact for as long as I participate in the program.

I UNDERSTAND THAT:

- I am not required to participate in the assessment. If I choose not to participate, I will not be eligible for case management from Linkages.
- If I choose not to participate, it will not have any effect on current and future services and benefits I receive and that information and referral can be provided to me without an assessment.
- If I choose to participate, I will be involved in deciding what services I require and in any changes in the plan for services.
- Information about me will be confidential and will be used only by staff of Linkages, service providers who will be serving me, and specific persons to whom I have released the information, in accordance with the State Linkages Program policy.
- I will not be individually identified in any reports about this program.

I UNDERSTAND THAT IF I AM FOUND ELIGIBLE I WILL BE GIVEN AN OPPORTUNITY TO DETERMINE MY ABILITY TO CONTRIBUTE TO THE COST OF THE SERVICES PROVIDED TO ME BY THE LINKAGES PROGRAM. NO SHARE OF COST WILL BE REQUESTED WITHOUT MY PRIOR DETERMINATION OF THE AMOUNT I AM ABLE TO PAY.

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Signature (applicant or responsible other)

I HAVE EXPLAINED THE PURPOSE OF CASE MANAGEMENT AND THE NATURE OF THE INVOLVEMENT OF THE PARTICIPANT. I HAVE ANSWERED ALL QUESTIONS ABOUT THE ASSESSMENT ASKED BY THIS PARTICIPANT AND/OR BY RESPONSIBLE CONCERNED PERSONS ASKING ON BEHALF OF THIS PARTICIPANT.

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Linkages Staff's Signature (Date)

Date copy provided to client:

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**LINKAGES**  
**AUTHORIZATION TO RELEASE RECORDS**

STATE LAW REQUIRES YOUR SPECIFIC AUTHORIZATION FOR US TO OBTAIN OR RELEASE TO APPROPRIATE PARTIES ANY INFORMATION ABOUT YOUR TREATMENT FOR CERTAIN CONDITIONS. PLEASE READ AND CHECK ALL PERTINENT SECTIONS BELOW.

I authorize \_\_\_\_\_  
(Individual or Agency)

to disclose to \_\_\_\_\_  
(Individual or Agency to Receive Information)

records relating to my (my \_\_\_\_\_'s) diagnosis and/or treatment for:

- (check all pertinent items)
- ( ) Physical injuries, illnesses or conditions
  - ( ) Mental (psychological or psychiatric) illnesses or conditions
  - ( ) Alcohol abuse and/or drug abuse
  - ( ) Cash assistance, Medi-Cal benefits or other social and health services received

This information is required for:

\_\_\_\_\_

and is to be limited to:

\_\_\_\_\_

I may revoke this authorization at any time before the information has been released. In any case, the authorization automatically expires two years from the date of this authorization.

\_\_\_\_\_  
(Date)

YOU MAY RETAIN A COPY OF THIS AUTHORIZATION. Initial here if you desire a copy.

\_\_\_\_\_  
The following information is needed to assure accurate identification.

\_\_\_\_\_  
Client (Print name)

\_\_\_\_\_  
Place of Birth

\_\_\_\_\_  
Client Signature/Authorized  
Representative

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Date of Authorization

## **APPENDIX 3**

- Linkages Assessment & Reassessment Forms
  - Linkages Initial Assessment
  - Needs Assessment is included in Appendix 7
  - Instructions for completing Needs Assessment Forms
  - Folstein Mini Mental Status Questionnaire (English & Spanish)
  - Folstein Mini Mental Status Questionnaire General Instructions
  - Linkages Assessment Survey
  - Linkages Reassessment
  - Linkages Reassessment Summary

## LINKAGES INITIAL ASSESSMENT

Client Name: \_\_\_\_\_ Client No.: \_\_\_\_\_

Assessment Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Assessment Sequence No.: \_\_\_\_\_

Date Enrolled in Case Management: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date of Care Plan: \_\_\_\_/\_\_\_\_/\_\_\_\_

Closed Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Discontinuance Code: 1 2 3 4 5 6 7 8 9 10 11

Highest Level of Education: \_\_\_\_\_ (use table below to determine level)

1 No School Completed Degree	6 11th Grade	11 Bachelor's
2 1st through 4th Grade Degree	7 12th Grade - No Diploma	12 Master's
3 5th through 8th Grade	8 High School Grad. - Diploma or Equiv.	13 Other _____
4 9th Grade	9 Some College - No Degree	
5 10th Grade	10 Associate Degree	

Monthly Income: \_\_\_\_\_  
Income by Family Size  
(Use DHHS Poverty Guidelines) \_\_\_\_\_

1 2 3 4 5 6 7 8

### FOR SITE USE:

Evidence or Indication of Abuse, Neglect, or Exploitation? 1 YES \_\_\_\_\_ 2 NO \_\_\_\_\_

If Yes, Date Reported: \_\_\_\_/\_\_\_\_/\_\_\_\_

Explain:

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Staff Code No.:\_\_\_\_\_

Informal and/or Formal Support:

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Informal Support and Effectiveness:

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Formal Support and Effectiveness:

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Other Information:

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**PSYCHOLOGICAL FUNCTIONING**

	Evidence of problem (circle)	Comments/describe
Anxiety	none   some   severe	
Combative, Abusive, Hostile Behavior	none   some   severe	
Depression	none   some   severe	
Delusions/Hallucinations	none   some   severe	
Wandering	none   some   severe	

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Paranoid Thinking/ Suspiciousness	none	some	severe
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Suicidal	none	some	severe
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Dementia	none	some	severe
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Other (i.e., Grief/Substance Abuse)	none	some	severe
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Adaptive Coping Skills:

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Has Client Experienced Any Significant Events or Changes in the Last year?

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Any Problems Related to Client's Living Arrangement?

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## **GENERAL HEALTH**

Client's Major Health

Problems/DX: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How Often is Physician Seen?

Client's: Height \_\_\_\_\_ Weight \_\_\_\_\_ By Client/By Doctor? Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Has Client Lost or Gained Weight in the Last Six Months? LOST \_\_\_\_\_ GAINED \_\_\_\_\_

Has Client Fallen in the Last Six Months? Yes \_\_\_\_\_ No \_\_\_\_\_ Frequency of Falls \_\_\_\_\_

Assistive Devices Used by Client?

\_\_\_\_\_

Has Client Been Hospitalized in the Past Six (6) Months? 1 YES \_\_\_\_\_ 2 NO \_\_\_\_\_

Describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has Client Been in a Nursing Facility in the Past Six (6) Months? 1 YES \_\_\_\_\_ 2 NO \_\_\_\_\_

Describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does The Client Have Problems In Any Of The Following Areas That Prevent Doing Activities?

Vision	Y	N	_____
Hearing	Y	N	_____
Speech	Y	N	_____
Dental	Y	N	_____
Swallowing	Y	N	_____
Elimination	Y	N	_____
Feet	Y	N	_____

Short of Breath	Y	N	_____
Pain	Y	N	_____
Paralysis	Y	N	_____
Amputation	Y	N	_____
Recent Infection	Y	N	_____
Allergies	Y	N	_____
Substance Abuse	Y	N	_____
Mental Illness	Y	N	_____

Special Diet?    Yes \_\_\_\_\_    No \_\_\_\_\_                      RX?    Yes \_\_\_\_\_    No \_\_\_\_\_

Type of Diet?

\_\_\_\_\_

\_\_\_\_\_

## MEDICATIONS

(Including non-prescription medications and vitamins/minerals)

Client Name:	Last	First	MI
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Date	Medication	Dosage	#Freq. RX	Doctor	Covered by Medi-Cal Yes/No

Total Number of Medications Taken By Client (Insert Actual Number) \_\_\_\_\_

Compliance and/or Assistance Needed? Financial Problems Related to Cost of Medications?

(Optional) Sent for Review to Doctor(s): \_\_\_\_\_ Date: \_\_\_\_\_

## **CLIENT'S PHYSICIANS AND OTHER HEALTH PROFESSIONALS**

Name: \_\_\_\_\_  
Specialty: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

Name: \_\_\_\_\_  
Specialty: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

Name: \_\_\_\_\_  
Specialty: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

Name: \_\_\_\_\_  
Specialty: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

Name: \_\_\_\_\_  
Specialty: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

Client Name: \_\_\_\_\_

Linkages #: \_\_\_\_\_

<b>Name:</b>
<b>Program:</b>

## NEEDS ASSESSMENT FORM

4/99

<b>Client #:</b>
<b>Reassessment #:</b> <span style="float: right;"><b>Date:</b></span>

ADL/IADL FUNCTIONAL GRID												
Related to Independent Category Only 1.1 No Difficulty 1.2 Some Difficulty 1.3 Very Difficult	Safe Functioning Level					Current Help						<b>ADL/IADL Functioning Instructions:</b>  <u>Safe Functioning Level:</u> Mark the box indicating the level at which the client can perform the function with safety.  <u>Current Help:</u> Mark the box(es) indicating the type (if any) of human help the client currently receives.  <u>Needs More Help:</u> Mark the box, if the client needs more help than currently receiving. <span style="float: right;">Comments</span>
	Independent	Verbal Assistance	Some Human Help	Lots of Human Help	Dependent	Para Medical	Device	Formal Help	Informal Help	No Help	Needs (More) Help	
												<b>Comments</b>
Eating*	1	2	3	4	5	6						
Dressing*	1	2	3	4	5							
Transfer*	1	2	3	4	5							
Bathing*	1	2	3	4	5							
Toileting*	1	2	3	4	5	6						
Grooming*	1		3	4	5							
Medications	1	2	3	4	5	6						
Stair Climbing	1	2	3	4	5							
Mobility Indoor	1	2	3	4	5							
Mobility Outdoor	1	2	3	4	5							
Housework	1		3	4	5							
Laundry	1			4	5							
Shopping & Errands	1		3		5							
Meal Prep & Cleanup	1	2	3	4	5							
Transportation	1	2	3		5	6						
Telephone	1	2	3		5							
Money Management	1	2	3		5							

\*ADLs

Equipment Needs					
	Has	Needs		Has	Needs
Tub			Grab Bar/Toilet		
Shower			Grab Bar/Shower		
Handheld Shower			Grab Bar/Tub		
Bath Bench/Chair			Raised Toilet Seat		
Smoke Alarm			Bedside Commode		
Emergency Alarm Unit			Incontinence Supplies		
Other:					

Mental Functioning* (Optional for MSSP)				
	No Problems		Severe Problems	Comments
Memory	1	2	5	
Orientation	1	2	5	
Judgment	1	2	5	





## **Instructions for Completing Needs Assessment Form:**

### **EATING:**

Reaching for, picking up, grasping utensil and cup; getting food on utensil, bringing food, utensil, cup to mouth, chewing, swallowing food and liquids, manipulating food on plate. Cleaning face and hands as necessary following a meal.

RANK 1: Independent: Able to feed self.

RANK 2: Able to feed self, but needs verbal assistance such as reminding or encouragement to eat.

RANK 3: Assistance needed during the meal, e.g., to apply assistive device, get beverage or push more food to within reach, etc., but constant presence of another person not required.

RANK 4: Able to feed self certain foods, but cannot hold utensils, cups, glasses, etc., and requires constant presence of another person.

RANK 5: Unable to feed self at all and is totally dependent upon assistance from another person.

RANK 6: Is tube-fed. All aspects to tube feeding are evaluated as a Paramedical Service.

### **DRESSING:**

Putting on and taking off, fastening and unfastening garments and undergarments, special devices such as back or leg braces, corsets, elastic stockings/garments and artificial limbs or splints.

RANK 1: Independent: Able to put on, fasten and remove all clothing and devices without assistance. Clothes self appropriately for health and safety.

RANK 2: Able to dress self, but requires reminding or directions with clothing selection.

RANK 3: Unable to dress self completely, without the help of another person, e.g., tying shoes, buttoning, zipping, putting on hose or brace, etc.

RANK 4: Unable to put on most clothing items by self. Without assistance would be inappropriately or inadequately clothed.

RANK 5: Unable to dress self at all. Requires complete assistance from another.

**TRANSFER:**

Moving from one sitting or lying position to another sitting or lying position; e.g., from bed to or from a wheelchair, or sofa, coming to a standing position and/or repositioning to prevent skin breakdown. (Note: if pressure sores have developed, the need for care of them is evaluated as a Paramedical Service.)

- RANK 1: Independent: Able to do all transfers safely without assistance from another person.
- RANK 2: Able to transfer but needs encouragement or direction.
- RANK 3: Requires some help from another person; e.g., routinely requires a boost or assistance with positioning.
- RANK 4: Unable to complete most transfers without physical assistance. Would be at risk if unassisted.
- RANK 5: Totally dependent upon another person for all transfers. Must be lifted or mechanically transferred.

**BATHING:**

Bathing means cleaning the body using a tub, shower or sponge bath including getting a basin of water, managing faucets, getting in and out of a tub, reaching head and body parts for soaping, rinsing and drying.

- RANK 1: Independent. Able to bathe self safely without help from another person.
- RANK 2: Able to bathe self with direction or intermittent monitoring. May need reminding to maintain personal hygiene.
- RANK 3: Generally able to bathe self, but needs assistance.
- RANK 4: Requires direct assistance with most aspects of bathing. Would be at risk if left alone.
- RANK 5: Totally dependent on others for bathing.

**TOILETING:**

Able to move to and from, on and off toilet or commode, empty commode, manage clothing and wipe and clean body after toileting, use and empty bedpans, ostomy and/or catheter receptacles and urinals, apply diapers and disposable barrier pads. Menstrual care: able to apply external sanitary napkin and clean body. (Note: catheter insertion, ostomy irrigation and bowel program are evaluated as a Paramedical Services).

- RANK 1: Independent: Able to manage bowel, bladder and menstrual care with no assistance from another person.
- RANK 2: Requires reminding and direction only.

- RANK 3: Requires minimal assistance with some activities but the constant presence of the provider is not necessary.
- RANK 4: Unable to carry out most activities without assistance.
- RANK 5: Requires physical assistance in all areas of care.
- RANK 6: Needs Paramedical Services: e.g., catheter insertion, ostomy irrigation, bowel program.

**GROOMING:**

Grooming includes hair combing and brushing, shampooing, oral hygiene, shaving and fingernail and toe nail care (unless toenail care is medically contraindicated and therefore is evaluated a Paramedical Service).

- RANK 1: Independent: Able to bathe and groom self safely without help from another person. May need reminding to maintain personal grooming.
- RANK 3: Generally able to groom self, but needs assistance.
- RANK 4: Requires direct assistance with most aspects of grooming. Would be at risk if left alone.
- RANK 5: Totally dependent on others for bathing and grooming.

**MEDICATIONS:**

Physically and mentally able to identify, handle, and consume (inject, instill or insert) the correct amount of the prescribed medication at the specified time according to a doctor's prescription.

- RANK 1: Independent: Can identify, measure, and self-administer prescribed medication.
- RANK 2: Able to perform tasks but needs verbal direction, guidance or reminder to do it, without risk to safety.
- RANK 3: Requires some human help such as opening the container or measuring the amount of medication. May or may not need reminder.
- RANK 4: Cannot perform some parts of this function. May require some human help with instilling or injecting multiple medications.
- RANK 5: Cannot perform any part of this function. May require all liquid or injected medication due to swallowing problems or non-cooperative behaviors.
- RANK 6: Requires medications (chemotherapy, pain control or others) injected intravenously through shunt. All aspects of administration of these medications are evaluated as a Paramedical Service.

**STAIR CLIMBING:**

Lifting feet, holding handrail and negotiating stairs from outside to inside from one interior level to another (from 2 or 3 to as many as 12 to 15 steps).

- RANK 1: Independent: Physically and mentally able to negotiate stairs from ground level to first floor or from first to second floor without assistance or risk to safety.
- RANK 2: Able to negotiate steps but may need reminder to watch steps or hold handrail.
- RANK 3: Able to negotiate steps with use of handrail and the personal assistance of someone helping to balance or steady the person.
- RANK 4: Able to negotiate only a small number of steps, i.e., ground-level to first floor or two to three steps between levels, only with considerable help from another person to lift foot and lift body to next step.
- RANK 5: Unable to negotiate any stairs inside or outside, must be carried in chair or on gurney (or stretcher) to go from one level to another.

**MOBILITY INDOOR:**

Walking or moving inside, moving from one area of indoor space to another without necessity of handrails. Can respond adequately to the presence of obstacles that must be stepped around. Includes ability to go from inside to outside and back (exclusive of stair climbing, see separate function).

- RANK 1: Independent: Requires no physical assistance from other although person may be slow or experience some difficulty or discomfort. Getting to and from where she/he wants to go can be accomplished safely.
- RANK 2: Can move inside with encouragement, or reminders to watch for steps, or to use a cane or walker.
- RANK 3: Requires physical assistance from another person to negotiate a wheelchair, or to steady the person or guide them in the desired direction.
- RANK 4: Requires constant attention from another person, at risk of being lost or unsafe if not accompanied.
- RANK 5: Unable to move about, must be carried, lifted, or pushed in a wheelchair or on a gurney at all times.

**MOBILITY OUTDOOR:**

Walking or moving around outside, moving from one area of outdoor space to another or walking on the sidewalk or path without necessity of handrails. Can respond adequately to uneven sidewalk, or the presence of obstacles that must be stepped around. Includes ability to go from inside to outside and back (exclusive of stair climbing, see separate function).

- RANK 1: Independent: Requires no physical assistance from others although person may be slow or experience some difficulty or discomfort. Getting to and from where she/he wants to go can be accomplished safely.
- RANK 2: Can move outside with encouragement, or reminder to watch steps, or to use a cane or walker.
- RANK 3: Requires physical assistance from another person to negotiate a wheelchair, or to steady the person or guide them in the desired direction.
- RANK 4: Requires constant attention from another person, at risk of being lost or unsafe if not accompanied.
- RANK 5: Unable to move about, must be carried, lifted or pushed in a wheelchair or on a gurney at all times.

**HOUSEWORK:**

Sweeping, vacuuming, and washing floors; washing kitchen counters and sinks, cleaning the bathroom; storing food and supplies; taking out garbage; dusting and picking up; cleaning oven and stove; cleaning and defrosting refrigerator; bringing in fuel for heating or cooking purposes from a fuel bin in the yard; changing bed linen.

- RANK 1: Independent: Able to perform all domestic chores without a risk to health and safety.
- RANK 2: Able to perform tasks but needs direction or encouragement from another person.
- RANK 3: Requires physical assistance from another person for some chores; e.g., has limited endurance or limitations in bending, stooping, reaching, etc.
- RANK 4: Although able to perform a few chores (e.g., dust furniture or wipe counters) help from another person is needed for most chores.
- RANK 5: Totally dependent upon others for all domestic chores.

**LAUNDRY:**

Gaining access to machines, sorting, manipulating soap containers, reaching into machines, handling wet laundry, operating machine controls, hanging laundry to dry, folding and storing. Ability to iron non-wash-and-wear garments is ranked as part of this function only if this is required because of the individual's condition; e.g., to prevent pressure sores or for employed recipients who do not own a wash-and-wear wardrobe.

RANK 1: Independent: Able to perform all chores.

RANK 4: Requires assistance with most tasks. May be able to do some laundry tasks; e.g., hand wash underwear, fold and/or store clothing by self or under supervision.

RANK 5: Cannot perform any task. Is totally dependent on assistance from another person.

**SHOPPING AND ERRANDS:**

Compile list, bending, reaching, and lifting, managing cart or basket, identifying items needed, transferring items to home, putting items away, phoning in and picking up prescriptions, and buying clothing.

RANK 1: Independent: Can perform all tasks without assistance.

RANK 3: Requires the assistance of another person for some tasks; e.g., help with major shopping needed, but client can go to nearby store for small items or needs direction or guidance.

RANK 5: Unable to perform any tasks for self.

**MEAL PREPARATION AND CLEANUP:**

Planning menus. Washing, peeling, slicing vegetables, opening packages, cans, and bags, mixing ingredients, lifting pots and pans, re-heating food, cooking, safely operating stove, setting the table, serving the meal, cutting food into bite-sized pieces. Washing, drying, and putting away the dishes.

RANK 1: Independent: Can plan, prepare, serve and clean up meals.

RANK 2: Needs only reminding or guidance in menu planning, meal preparation, and/or cleanup.

RANK 3: Requires another person to prepare and clean up main meals on less than a daily basis; e.g., can reheat food prepared by someone else, can prepare simple meals and/or needs help with cleanup on a less than daily basis.

RANK 4: Requires another person to prepare and clean up main meal(s) on a daily basis.

RANK 5: Totally dependent on another person to prepare and clean up all meals.

**TRANSPORTATION:**

Using private or public vehicles, cars, buses, trains, or other forms of transportation to get to medical appointments, purchase food, shop, pay bills or arrange for services, to socialize and participate in entertainment or religious activities. Can arrange for getting and using public transportation or get to, enter and operate a private vehicle.

- RANK 1: Independent: Can arrange, get to, enter and travel in public or private vehicles; upon arrival can exit and arrange return travel with the same capability. Does not place the person at risk.
- RANK 2: Can use public transportation or ride in a private vehicle when reminded to make arrangements or to enter the vehicle.
- RANK 3: Requires physical assistance to make transportation arrangements, i.e., calling, writing instructions about time and place, can ride with others if assisted into and out of the vehicle.
- RANK 5: Unable to travel at all by self. Has to be carried into or out of vehicle in arms or on a gurney. Requires transportation by others. Cannot use any form of public transit. Travels by Paratransit with no self-assist or private car with full assistance.
- RANK 6: Unable to travel at all by self. Has to be carried into and out of vehicle in arms or on a gurney. Requires transportation by others. Cannot use any form of public transit - travels by ambulance.

**TELEPHONE:**

Obtains number, dials, handles receiver, can speak and hear response, and terminates call, may include use of instrument with loud speaker or hearing devices. Can be expected to use telephone during emergency situations to call 911 or other help.

- RANK 1: Independent: Can obtain and dial number, handle receiver, terminate call and replace receiver without assistance.
- RANK 2: Needs only reminder on how to use the phone, or how to get the number. May need to be encouraged to use the phone.
- RANK 3: Needs human assistance to obtain number or dial but can carry on conversation once the other party is reached and terminate call.
- RANK 5: Unable to use phone at all. Unable to conduct conversation on phone for either physical or mental reasons.



**MONEY MANAGEMENT:**

Physically and mentally handles the receipt of monies, expenditures and receipt and payment of bills in a timely and primarily correct manner.

RANK 1: Independent: Handles all financial matters without risk of eviction, turn-offs and other "failure to pay" related problems.

RANK 2: Is able to perform all financial transactions but may need to be reminded to pay bills or obtain cash from bank.

RANK 3: For either physical or mental reasons may need assistance in doing banking, writing checks or other isolated elements of financial transactions.

RANK 5: Unable to attend to any part of the necessary financial transactions to receive and disburse funds to meet daily needs.

## Folstein Mini Mental Status Questionnaire

Client Name: \_\_\_\_\_

Linkages # \_\_\_\_\_

Client Name:_____		Max Score	SCORE		
Linkages #_____			Date	Date	Date
	<b>Orientation:</b>				
1	What is the (year) (season) (date) (day) (month)?	5			
2	Where are we? (state) (country) (town) (hospital) (floor)?	5			
	<b>Registration:</b>				
	Apple____ Table____				
3	Repeat (immediately) 3 objects: Penny____	3			
	<b>Attention/Calculation:</b>				
4	Serial 7's or spell WORLD backwards	5			
	<b>Recall:</b>				
	Apple____ Table____				
5	Remember 3 objects at 2 minutes: Penny____	3			
	<b>Language:</b>				
6	Naming pencil____ watch____	2			
7	Repeat “no if’s, ands, or buts”	1			
8	Three stage command. “Take a paper in your left hand, fold it in half, and put it on the floor.”	3			
9	Reading and following a written command: “Close your eyes”	1			
10	Write a sentence (attach client's response)	1			
	<b>Visual-Spatial:</b>				
11	Copy design (attach client's response)	1			
Total					

**Level of Consciousness:**

(Circle One)

Alert Drowsy Stupor Coma

**Interpretation:**

Total Score:

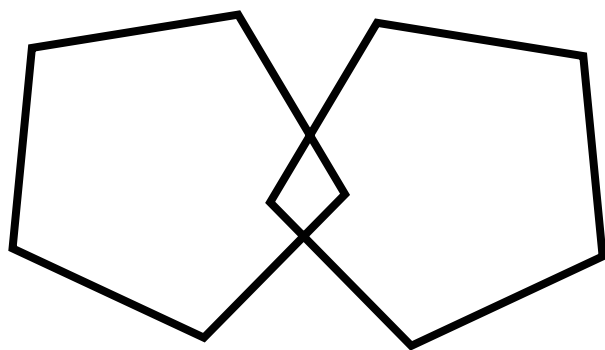
25-30 Normal

21-24 Mild intellectual impairment

16-20 Moderate intellectual impairment

Under 15 Severe intellectual impairment

# CLOSE YOUR EYES



## Folstein Mini Questionario de el Estado Mental

Nombre del Cliente: \_\_\_\_\_

Linkages # \_\_\_\_\_

		Resultado Máximo	RESULTADO		
			Fecha	Fecha	Fecha
	<b>Orientación:</b>				
1	Cuál es el (año) (estación) (fecha) (día) (mes)?	5			
2	Donde estamos? (estado)(condado)(ciudad)(hospital)(piso)?	5			
	<b>Registración:</b>				
3	Repita (inmediatamente) 3 objetos: Manzana__ Mesa__ Avión__	3			
	<b>Atención/Calculación:</b>				
4	Número de serie 7 o deletree MUNDO alrevés	5			
	<b>Recordar:</b>				
5	Recuerde los 3 objetos en 2 minutos: Manzana__ Mesa__ Avión__	3			
	<b>Lenguaje:</b>				
6	Nombre un lápiz__ reloj__	2			
7	Repita "Con la regla que mides serás medido"	1			
8	Comando en tres partes. "Tome un papel en su mano izquierda, dábalo en la mitad, y póngalo en el suelo."	3			
9	Lea y sigue el comando escrito: "Cierre su ojos"	1			
10	Escriba una frase	1			
	<b>Visual-Espacial:</b>				
11	Copie un diseño	1			
Total					

**Nivel de Conciencia:**

(Marque uno)

Alerta Soñoliento Estupor Coma

**Interpretación:**

Resultado Total:

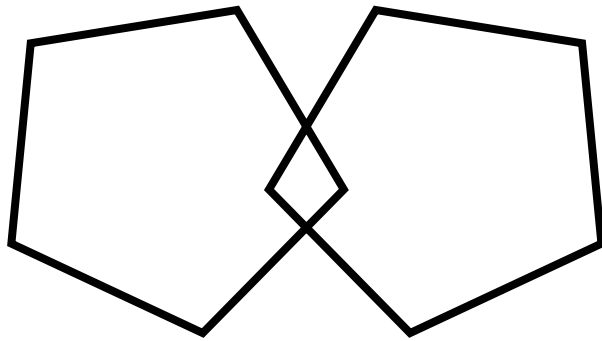
25-30 Normal

21-24 Impedimento intelectual mínimo

16-20 Impedimento intelectual moderado

Menos de 15 Impedimento intelectual severo

# CIERRE LOS OJOS



## **Folstein Mini-Mental Status Questionnaire**

### **Instructions for Administration and Scoring**

**PREFACE:** "I would like to ask you some questions; some of them may be easy and some may be hard"

---

#### **Orientation (10 Points)**

1. Ask, "What is today's date?" If the client does not respond with the current year, month, date of the month, and day of the week, prompt with:

"What year is it?"

"What month is it?"

"What date or day of the month is it?"

"What day of the week is it?"

"What season of the year is it?"

During the month of March, credit is given for either winter or spring; during June, credit is given for spring or summer; during September, credit is given for summer or fall; and during December, credit is given for fall or winter.

Scoring -- Responses must be exact. 1 point is given for each correct response. (5 points total)

---

2. "What is the name of this place?"  
"What is the name of this city?"  
"What is the name of this country?"  
"What is the name of this state?"  
"What floor of this building are we on?"

For the first question: if you are in a hospital or office or clinic setting, responses such as "doctor's office", "hospital", "medical clinic", etc., are acceptable; if at home, responses such as "my house", "my home", "my daughter's house", or "my apartment" (if accurate), are acceptable.

For the second question: if your interview is occurring in a rural setting ask, "What is the name of the nearest city?"

Scoring -- 1 point is given for each correct response. (5 points total)

## Registration (3 points)

3. Say, "I am going to say three words. I would like you to listen very carefully and say these words out loud after I finish. The words are *Apple, Table, and Penny*. Please repeat the three words I just said." You should say the words at a rate of one per second, speaking clearly and audibly. You are allowed to read the words only once.

After immediate recall of the three words has been tested, it is necessary to continue presenting the three words until the client is able to recall all three two times in a row. This is done to make sure that the client has registered the words, for which recall will be tested later in this test. Say, "I am going to ask you to recall these three words in a few minutes. I would like you to repeat them again to make sure that you remember them. The words are *Apple, Table, and Penny*. Please say them out loud again." Continue according to the above guidelines with, "Once more, the words are *Apple, Table, and Penny*. Please say them out loud again." After the last repetition of the words say, "Try to remember these three words, because I will ask you to recall them in a few minutes." You may continue repeating words until you have presented them five times. If the criteria are not met after five presentations, continue with the remainder of the test. Look at your watch so that you know when two minutes have passed.

Scoring -- 1 point is given for each word spontaneously repeated. Credit is not given for recall of words after subsequent presentations.

---

## Attention/Calculation (5 points)

4. Spell "world" backwards:  
Say, "Spell the word *world* out loud." If the client is unable to spell the word, spell it out loud, and ask the client to repeat the spelling. Continue until the word has been spelled successfully two times in a row or until you have spelled it for the client five times. If the client can spell *world* correctly, say, "Now spell the word "world" backwards. If world cannot be spelled forward after 5 attempts, no score is given unless you decide to test with Serial 7's.

Serial 7's:

Say, "Subtract 7 from 100 5 times."

Scoring -- For "world", 1 point is given for each letter in the correct position: "d" first, "l" second, "r" third, "o" fourth, and "w" fifth. For serial 7's, the answer must be accurate; i.e., 93, 86, 79, 72, 65. The client cannot miss one and then subtract correctly from that number, i.e., 934, 87, 80, 73, 65. In this example only the first number is correct.

---

### **Recall (3 points)**

5. This item is to be asked when approximately 2 minutes have passed since the words in question #3 were first given.

"Do you remember the three words you repeated a few minutes ago? What were they?"

Scoring -- 1 point for each word spontaneously repeated. If the client is not able to recall the words, cueing is not allowed for scoring. Although credit is not given for any word recalled after a cue, it can be significant to know if the client can recall a word after a cue such as, "One of the words is a piece of furniture."

---

### **Language (2 points)**

6. Hold up a pencil and ask, "What is this called?" Repeat with a wristwatch.

Scoring -- 1 point for each object correctly named.

---

### **Repeat Phrase (1 point)**

7. Say, "Please repeat the following phrase exactly as I say it: "No ifs, ands, or buts". It is very important to speak up and enunciate clearly as you speak this phrase.

Scoring -- 1 point if "No ifs, ands, or buts" is correctly repeated. The response must be exact in order for credit to be given.

---



### **Three Stage Command (3 points)**

8. A blank sheet of paper is required for this item, which you will ask the client to take in their non-dominant hand. Hold the paper out and say, "Listen carefully. I want you to take this paper in your (specify *right* or *left*) hand, fold it in half, and put it on the floor." It is permissible to repeat these instructions one time if the client has not yet started to carryout any of the commands.

Scoring -- 1 point is given for each instruction correctly carried out. The paper can be folded in half in either direction. The fold does not have to be in the exact middle - any fold near the centerline of the paper is acceptable. Credit is not given if the paper is folded more than once, i.e., it must be folded into two parts (and not three or four, etc.) in order for credit to be given.

---

### **Read and Comprehend a Written Command (1 point)**

9. Show the client the page with "Close Your Eyes" written at the top and say, "Do what it says." If the client reads it but does not close their eyes, prompt once by saying, "Now do what it says to do."

Scoring -- 1 point if client closes eyes (even after the prompt described above).

---

### **Write a Simple Sentence (1 point)**

10. Give the client a blank piece of paper and a pencil and say, "Please write a complete sentence on this piece of paper. The only requirement is that it be a complete sentence."

Scoring -- 1 point for any complete sentence; it must have a subject and a verb, and express a complete thought. Spelling errors or illegible handwriting is allowed if the client can say the sentence out loud and the writing resembles the sentence that was said.

---

## Visual -- Spatial (1 point)

11. Give the client the page with the design on it and say, "Copy this design on this sheet of paper." If the client is not sure where to place the design, point to the blank part of the page below the design and instruct them to place the copy there. It is permissible to look at the design while copying it.

Scoring -- In order to receive credit, the client's drawing must meet two criteria:

- 1) There must be two five-sided polygons, and
- 2) The intersection of the five-sided figures must be four-sided. Any figure that meets these two criteria is acceptable.

Client Name: \_\_\_\_\_

Client # \_\_\_\_\_

## LINKAGES ASSESSMENT SUMMARY

*These are general guidelines: include only information that is pertinent to develop and support a care plan. Focus on changes. It is not necessary to include information in more than one section of the summary - place it where it has most relevance.*

1. Client Description: *(Age, living arrangement, physical appearance and presentation)*
  
2. Health: *(Diagnosis; changes in general health status, health practices, medical compliance, nutrition, continence, problematic signs or symptoms, frequency and adequacy of health care)*
  
3. Medications: *(Medication use/interactions, ability to self manage)*
  
4. ADL/IADL Functioning Levels: *(Changes in ambulatory status, functional abilities, assistive devices, areas of unmet need; support for LOC finding)*
  
5. Caregiver: *(Formal and informal support, reliability and skill level of caregiver, degree of caregiver stress, evidence of caregiver health or financial problems)*
  
6. Environmental Safety: *(Adequacy of home; safety and accessibility consideration)*

Client: \_\_\_\_\_

Linkages # \_\_\_\_\_

7. Cognitive/Psychological: *(Changes in orientation, memory, ability to resolve problems, depression, mental health, response to losses, significance of current problems to client)*
8. Social Network: *(Family, friends, quality or relationships, losses, leisure activities)*
9. Abuse: *(Evidence of abuse, neglect, and exploitation)*
10. Finances: *(Entitlements, ability to manage own affairs, problematic expenses, indication of exploitation or mismanagement)*
11. Services: *(Include purchased, referred services; services refused)*
12. Client Concerns: *(What the client and family want from Linkages)*
13. Indications for Case Management:

Signature(s) \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

## LINKAGES REASSESSMENT

Client Name: \_\_\_\_\_ Client No.: \_\_\_\_\_

Assessment Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Assessment Sequence No.: \_\_\_\_\_

Date Enrolled in Case Management: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date of Care Plan: \_\_\_\_/\_\_\_\_/\_\_\_\_

Closed Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Discontinuance Code: 1 2 3 4 5 6 7 8 9 10 11

Highest Level of Education: (use table below to determine level) \_\_\_\_\_

1 No School Completed Degree	6 11th Grade	11 Bachelor's
2 1st through 4th Grade Degree	7 12th Grade - No Diploma	12 Master's
3 5th through 8th Grade	8 High School Grad. - Diploma or Equiv.	13 Other _____
4 9th Grade	9 Some College - No Degree	
5 10th Grade	10 Associate Degree	

Monthly Income: \_\_\_\_\_  
Income by Family Size \_\_\_\_\_  
(Use DHHS Poverty Guidelines)

1 2 3 4 5 6 7 8

### FOR SITE USE:

Evidence or Indication of Abuse, Neglect, or Exploitation? 1 YES \_\_\_\_\_ 2 NO \_\_\_\_\_

If Yes, Date Reported: \_\_\_\_/\_\_\_\_/\_\_\_\_

Explain:

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Staff Code No.: \_\_\_\_\_

## Medications

(Including non-prescription medications and vitamins/minerals)

Client Name:	Last	First	MI
--------------	------	-------	----

Date	Medication	Dosage	#Freq. RX	Doctor	Covered by Medi-Cal Yes/No

Total Number of Medications Taken By Client (Insert Actual Number) \_\_\_\_\_

Compliance and/or Assistance Needed? Financial Problems Related to Cost of Medications?

---



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(Optional) Sent for Review to Doctor(s): _____ Date: _____
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## **CLIENT'S PHYSICIANS AND OTHER HEALTH PROFESSIONALS**

Name: \_\_\_\_\_  
Specialty: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

Name: \_\_\_\_\_  
Specialty: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

Name: \_\_\_\_\_  
Specialty: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

Name: \_\_\_\_\_  
Specialty: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

Name: \_\_\_\_\_  
Specialty: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

Client Name: \_\_\_\_\_

Linkages #: \_\_\_\_\_

Client Name: \_\_\_\_\_

Client # \_\_\_\_\_

## LINKAGES REASSESSMENT SUMMARY

*These are general guidelines: include only information that is pertinent to develop and support a care plan. Focus on changes. It is not necessary to include information in more than one section of the summary - place it where it has most relevance.*

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4. ADL/IADL Functioning Levels: *(Changes in ambulatory status, functional abilities, assistive devices, areas of unmet need; support for LOC finding)*
  
5. Caregiver: *(Formal and informal support, reliability and skill level of caregiver, degree of caregiver stress, evidence of caregiver health or financial problems)*
  
6. Environmental Safety: *(Adequacy of home; safety and accessibility consideration)*



Client: \_\_\_\_\_

Linkages # \_\_\_\_\_

7. Cognitive/Psychological: *(Changes in orientation, memory, ability to resolve problems, depression, mental health, response to losses, significance of current problems to client)*
8. Social Network: *(Family, friends, quality or relationships, losses, leisure activities)*
9. Abuse: *(Evidence of abuse, neglect, and exploitation)*
10. Finances: *(Entitlements, ability to manage own affairs, problematic expenses, indication of exploitation or mismanagement)*
11. Services: *(Include purchased, referred services; services refused)*
12. Client Concerns: *(What the client and family want from Linkages)*
13. Indications for Case Management:

Signature(s) \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

## **APPENDIX 4**

- Service Arrangement Report (SAR)
- Purchase of Service (POS) Report
- Linkages Service Category Designation and Definitions

**SERVICE ARRANGEMENT REPORT**

Client Name \_\_\_\_\_ Client No:\_\_\_\_\_

Case Manager \_\_\_\_\_ Staff Code:\_\_\_\_\_

Referred Services Arranged During Month of:\_\_\_\_\_ Year: \_\_\_\_\_

Problem # or Need	Service Code	# of Units	Problem # or Need	Service Code	# of Units

## LINKAGES PURCHASE OF SERVICE (POS) REPORT

CLIENT NO: \_\_\_\_\_

STAFF CODE: \_\_\_\_\_

[illegible]

Supervisor's Approval

Date \_\_\_\_\_

\* OTHER **CASH** SOURCES OF FUNDING

\*\* PORTION OF OR IN-FULL PAYMENT OF PURCHASED SERVICE THAT WAS  
ARRANGED BY LINKAGES AND PAID BY CLIENT

## CALIFORNIA DEPARTMENT OF AGING

### LINKAGES (LNK)

#### SERVICE CATEGORY DESIGNATIONS AND DEFINITIONS

**All categories describe purchased and/or arranged services.**

NUMERIC CODE	SERVICE CATEGORY DESCRIPTION	UNIT OF MEASURE
31	<b>Adult Day Care</b> - Community-based centers that provide non-medical care to functionally impaired adults requiring a variety of social, psychosocial, and related support services, and for adults in need of personal care services, supervision, or assistance essential for sustaining the activities of daily living services are provided in a protective setting on less than a 24-hour basis.	# of Hours
32	<b>Alzheimer's Day Care Resource Center</b> - Community-based centers that provide day care for persons in the moderate to severe stages of Alzheimer's Disease or other related dementias, and provide various resource services for family caregivers and the community-at-large.	# of Days
33	<b>Adult Day Health Care</b> - Provides personal care, nutrition, therapy, health care, socialization, and recreation in a licensed facility. Fee base on a sliding fee scale.	# of Hours
34	<b>Respite</b> - Provides supervision and care of clients while the person(s), who normally provides full-time care, takes short-term relief or respite.	# of Hours
35	<b>Transportation</b> - Provides client transportation services, including bus, dial-a-ride and cab, to various health appointments and social resources. Transportation provider must have appropriate valid vehicle insurance.	# of One Way Trips

NUMERIC CODE	SERVICE CATEGORY DESCRIPTION	UNIT OF MEASURE
36	<p><b>Housing Assistance</b> – Provides assistance to clients in securing living arrangements. Provides minor home repairs or permanent modifications; e.g., permanent ramp, widening doorways necessary to accommodate physical limitations; minor renovation, installation, or maintenance for accessibility, safety, or security; includes pest control services; home finding services, and moving costs. Provides for repair of home equipment, appliances, and supplies necessary to assure client's independence. Provides for a regular telephone, for rent or house payments, deposits for new rental, and home insurance payments; provides for emergency, unusual, or ongoing utility costs, including installation and monthly telephone service charges (If more than one-time-only, requires prior authorization from the supervisor). Provides for temporary housing or relocation of client. Activities may include equipment and labor necessary for the move.</p> <p><b>Example:</b> If the case manager arranges to purchase or arrange a regular telephone and a permanent ramp then that is two occurrences. Installation would be included unless a separate provider is used to install and then that would be counted as a separate occurrence.</p> <p><b>Examples of units of service:</b></p> <p>Location of housing : 1 living arrangement made equals 1 occurrence  Arranging a move: 1 move equals 1 occurrence  Pay utilities: 1 month per utility equals 1 occurrence  Pay first and last months rent: 2 months equals 2 occurrences  Home and Energy Assistance Program (HEAP) payment: 1 payment equals 1 occurrence</p>	# of Single Occurrences
37	<b>Congregate Nutrition</b> – Provides meals to clients who are able to secure meals at a congregate nutrition site.	# of Meals
38	<b>Home-Delivered Nutrition</b> - Provides home-delivered meals for homebound clients who are unable to prepare their own meals or do not have someone who can prepare their meals.	# of Meals

NUMERIC CODE	SERVICE CATEGORY DESCRIPTION	UNIT OF MEASURE
39	<p><b>Assistive Devices</b> – Provides for rental or purchase and monthly fee service of electronic communication devices, emergency response equipment, and similar equipment to provide client access to meet emergency needs (does not include regular telephones but adaptive phone equipment which is provided to the disabled, is included). Provides for the installation of smoke detectors, portables ramps, and grab bars. Provides for items such as body braces, orthopedic shoes, walkers, wheelchairs, and installation of safety devices in the home.</p> <p><b>Example:</b> If the case manager arranges for or purchases a grab bar and a portable ramp then that is two occurrences. Installation would be included unless a separate provider is used to install and then that would be counted as a separate occurrence.</p>	# of Single Occurrences
40	<p><b>Assisted Transportation</b> – Provides one-to-one client escort transportation services to a person(s) who has physical and/or cognitive difficulty using regular vehicular transportation. Client may be transported to various health appointments and social resources. Transportation providers must have appropriate valid vehicle insurance.</p>	# of One Way Trips
41	<p><b>Legal Assistance</b> – Provides for legal or paralegal assistance with legal forms and documents, consumer projections, consultation, mediation, and advice. Provides for legal representation and/or advocacy. May include assistance with durable power of attorney for health care or other advance directives.</p>	# of Hours
42	<p><b>Special Needs</b> – Provides for food staples during special circumstances; restaurant purchased meals when special circumstances necessitate the purchase; and, food stamps for eligible clients under special circumstances. Provides for interpreter/translator services. Provides for essential clothing, toiletries, and similar personal care items for use in the home.</p> <p><b>Examples of units of service:</b>  Shopping: 1 trip or delivery equals 1 occurrence  Translation: 1 session/visit equals 1 occurrence  Brown Bag: 1 delivery equals 1 occurrence</p>	# of Single Occurrences

NUMERIC CODE	SERVICE CATEGORY DESCRIPTION	UNIT OF MEASURE
43	<p><b>Employment/Recreation/Education</b> – Provides for expenses for employment development, recreational, and educational activities, and supplies for participation in job training, work activity, rehabilitation, and self-improvement. Provides for specialized training including training in Braille, sign language, driver education, etc., in addition to in-home and community skills training.</p> <p><b>Examples of units of service:</b>  Membership in sports club: 1 month equals 1 occurrence  Recreational trips (e.g., Reno): 1 trip equals 1 occurrence  Job training: 1 course equals 1 occurrence  Driver's education: 1 course equals 1 occurrence  Braille or sign language: 1 course equals 1 occurrence  In-home and community skills training: 1 visit equals 1 occurrence</p>	# of Single Occurrences
44	<p><b>Medical Services</b> – Provides physician, nursing care, therapy, health aide services, and medical social services. Private health professionals should be licensed or certified. Provides for commercially prepared nutritional formulas that are needed to ensure client is consuming a balanced nutritional diet. Provides for filling or refilling of prescriptions. Provides for medications prescribed by a physician that are not covered by Medi-Cal or other services. Also includes medi-sets and over-the-counter items such as incontinence supplies, vitamins, aspirin, etc., essential to the client's well being.</p> <p><b>Examples of units of service:</b>  Nutritional supplement or incontinence supplies: 1 delivery equals 1 occurrence  Prescriptions/over the counter/vitamins: 1 delivery equals 1 occurrence  Nurse, therapist, physician: 1 visit equals 1 occurrence</p>	# of Single Occurrences
45	<p><b>Protective Services</b> – Provides supervision or protection for clients who are unable to protect their own interests or whose income or resources are being exploited; who are harmed, threatened with harm, neglected or maltreated by others, or caused physical or mental injury as a result of an action or an inaction by another person or by their own actions due to ignorance, illiteracy, incompetence, or poor health; who are lacking in adequate food, shelter, or clothing; and who are deprived of entitlement due them. Provides information about money management and financial resources such as financial counseling and assistance, and legal and medical assistance related to establishing a conservatorship. Services may be provided by private, profit, or non-profit agencies, and a</p>	# of Single Occurrences



	<p>substitute payee may be full-time or provide services on a periodic basis.</p> <p><b>Example of units of service:</b>  Money management :1 session or visit equals 1 occurrence  Representative payee: 1 month of service equals 1 occurrence  Adult Protective Services: 1 visit/contact equals 1 occurrence</p>	
46	<p><b>Social and Reassurance</b> – Provides telephone contact, friendly visitors, and other reassurance services by a party or agency other than a case manager.</p> <p><b>Examples of units of service:</b>  Telephone contact = 1 phone call equals 1 occurrence  Visitation = 1 visit equals 1 occurrence</p>	# of Single Occurrences
47	<p><b>Personal Care</b> – Provides assistance with non-medical personal services such as bathing, hair care, etc.</p>	# of Hours
48	<p><b>Homemaker</b> – Provides household support such as cleaning, laundry (including commercial laundry or dry cleaning firm), shopping, food preparation, light household maintenance (changing light bulbs, furnace filters, etc.).</p>	# of Hours
49	<p><b>Chore</b> – Provides periodic maintenance for chores, such as heavy cleaning, washing windows, trimming trees, mowing lawns, and removal of rubbish and other substances to assure hazard free surroundings. Site should arrange for continuation of services to maintain the home.</p>	# of Hours
50	<p><b>Counseling</b> – Group and/or individual counseling, including peer counseling, that may include biofeedback, substance abuse, etc., or therapeutic counseling.</p>	# of Sessions
52	<p><b>Other</b> – Allows for purchases of a specialized nature that are not included in the above codes (note: Before a purchase is made using this code, approval of purchase must be secured from the AAA or CDA regardless of the dollar value).</p>	

## **APPENDIX 5**

- Respite Intake/Screen Form
- Respite Purchase of Service Form (RPOS)

## RESPITE INTAKE/SCREEN REPORT

DATE	TIME: _____	a.m. p.m.	MODE Letter	Drop In	Telephone	CLIENT NO. RESPONSE Emergency	Normal
APPLICANT NAME: Last			First		MI	SYSTEM NO.	

PRESENT ADDRESS: Street	City	State	Zip	Telephone No.
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MAILING ADDRESS:	( )
------------------	-----

AGE	SEX M    F	MARITAL STATUS 1Mr 2Wd 3Sp 4Sg 5Dv	RACE/ORIGIN 1 2 3 * 4 5 6 W B A/PI _____ AI/AN Oth Hisp
-----	---------------	---------------------------------------	---

TRANSLATION LANGUAGE	LIVES ALONE Y    N	FUNC IMP Y    N	RESIDENCE 1Hse 2Apt 3MH 4Htl 5B&R 6RCF 7NF 8Oth 9Hmls	1 2 3 Rent Own Other
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SOCIAL SECURITY NO.	MEDICARE/RRB NO.	HEALTH INSURANCE NAME AND NO.
---------------------	------------------	-------------------------------

MEDI-CAL Y    N	MEDI-CAL BIC NO.	VETERAN (VA Claim) No. Y    N
--------------------	------------------	----------------------------------

SSP Y    N	LOW INCOME Y    N
---------------	----------------------

REGULAR PHYSICIAN: Name	Address	Telephone No. ( )
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EMERGENCY CONTACT: Name	Relationship	Address	Telephone No. ( )
-------------------------	--------------	---------	----------------------

REFERRAL SOURCE: Type	Name	Relationship
Address: Street	City	State    ZIP    Telephone No. ( )

*PRESENTING PROBLEM/SERVICES REQUESTED/COMMENTS/ FOLLOWUP	T-III DATE OF SERVICE    PROG NO.    UNIT NO.																								
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> </table>																								

*See Completion Instructions	COMPLETED BY: Program/Name and Signature (if applicable)	Telephone No. Staff Code No. ( )	Date
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## RESPITE PURCHASE OF SERVICE

SITE NUMBER: \_\_\_\_\_

SSA NUMBER: \_\_\_\_\_

Linkages Client Number (if applicable): \_\_\_\_\_

---

### COST DATA

Actual Costs Paid by Caregiver \_\_\_\_\_

Caregiver/Client Share of Cost \_\_\_\_\_

Reimbursement Paid to Caregiver \_\_\_\_\_

(Actual cost minus caregiver/client share; not to exceed \$450)

---

### SERVICE DATA

Date of Respite Services Provided \_\_\_\_\_

Type of Respite Services Provided (Check One) \_\_\_\_\_

\_\_\_\_ In-Home (Less than 24 hours)

\_\_\_\_ In-Home (Overnight)

\_\_\_\_ Out-of-home (Day Care) Type: ADCRC, ADHC, Other \_\_\_\_\_

\_\_\_\_ Out-of-home (Overnight) Type: SNF, RCF, Other \_\_\_\_\_

\_\_\_\_ Other (describe) \_\_\_\_\_

Hours of Respite Services Provided \_\_\_\_\_

---

### ENROLLMENT DATA

Date of Disenrollment: \_\_\_\_\_

Reasons for Disenrollment (Check One)

\_\_\_\_ Out-of-home Placement Type: Hosp, SNF, ICF, RCF, Other \_\_\_\_\_

\_\_\_\_ Participant/Family Request

\_\_\_\_ Moved Out of Area

\_\_\_\_ Death

\_\_\_\_ Reached \$450 Limit

\_\_\_\_ Other (describe) \_\_\_\_\_

---

LINKAGES SITE AUTHORIZED SIGNATURE:

\_\_\_\_\_

DATE \_\_\_\_\_

## **APPENDIX 6**

- Client Change Form and Status Report

## LINKAGES CLIENT CHANGE FORM

CLIENT NAME: \_\_\_\_\_

CLIENT NUMBER: \_\_\_\_\_ EFFECTIVE DATE: \_\_\_\_\_

Date of Discontinuance

Discontinuance Code

Person reporting or changing status: \_\_\_\_\_

### DISCONTINUANCE CODES

1. Case Management services completed, case closed.
2. This number is not assigned.
3. Condition improved or stabilized and no longer requires or is eligible for case management services.
4. Requires higher level of service transitioned to MSSP.
5. Long term institutionalization.
6. Needs exceed Linkages capacity.
7. No longer desires services.
8. Moved out of area.
9. Death.
10. Other.
11. Client becomes unwilling or unable to follow care plan.

Original Date enrolled in CM \_\_\_\_\_

Last Assessment Date \_\_\_\_\_

Sequence No. \_\_\_\_\_

Last Care Plan Date \_\_\_\_\_

Send Closing Letter Yes\_\_\_\_\_ No\_\_\_\_\_

To: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Change the Following Information

New Client Name: \_\_\_\_\_ New Client Number: \_\_\_\_\_

New Address: \_\_\_\_\_

New Medi-Cal Number: \_\_\_\_\_ New Phone Number: \_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_ Change posted to CIF

\_\_\_\_\_ Change posted to computer

\_\_\_\_\_ Change posted to client list

\_\_\_\_\_ Change posted to birthday list

\_\_\_\_\_ Change posted to client chart

\_\_\_\_\_ Change posted to wall chart

\_\_\_\_\_ Change posted to visit list

## **APPENDIX 7**

- Linkages Program Flexibility Request
- Linkages Corrective Action Plan

<b>Site Name:</b>	<b>Phone Number:</b>	
<b>Site Street Address, City, Zip Code:</b>		
<b>Program flexibility is requested for Linkages Program Manual.</b>		
Section(s) _____ Regarding _____		
<b>Description of proposed alternative to be used to meet the intent of the legislation and Linkages Program Manual:</b>		
<b>Relevant justification for proposed alternative:</b>		
<b>How have you determined that the proposed alternative will not adversely affect clients and quality of service:</b>		
<b>AAA Recommendation:</b>		
<b>Print Site Director's Name</b>	<b>Site Director's Signature</b>	<b>Date Signed</b>
<b>Print AAA Director's Name</b>	<b>AAA Director's Signature</b>	<b>Date Signed</b>
<b>STATE REVIEW:</b>		
CDA Linkages Program Team Approval: Yes ____ No____ CDA Administrative Approval: Yes____		
No____		
<b>Signature:</b>	<b>Signature</b>	



# Linkages Corrective Action Plan

PSA \_\_\_\_\_

AAA Staff Contact\_\_\_\_\_

Phone #\_\_\_\_\_

Linkages Site Name\_\_\_\_\_

Number of Case Managers \_\_\_\_\_

Explanation of reason for not meeting contracted client caseload:

Corrective action plan to meet contracted client caseload (include method, timeline, and date by which site plans to meet contracted level):

Plan approved by AAA/CDA:\_\_\_\_Yes\_\_\_\_No\_\_\_\_\_

Signature:\_\_\_\_\_ Date:\_\_\_\_\_

\_\_\_\_\_  
Title